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ABSTRACT

This publication reports the eleventh meeting in a series cf regional seminars convened by the Economic and Social Commission for Asia and the Pacific (ESCAP) on the subject of fertility and family planning. The main objectives of the meeting were to: (1) identify the characteristics of regicnal integrated family planning programs; (2) identify implementation problems; and (3) suggest effective evaluation strategies and develop appropriate assessment instruments. This report includes the background paper for the meeting, a discussion of the organizational factors for successful integration, and two sections on evaluation and summary and recommendations. The annex provides lists of participants and documents, and summaries of project papers. (MA)

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REPORT AND SELECTED PAPERS OF THE EXPERT GROUP MEETING ON ORGANIZATIONAL ASPECTS OF INTEGRATING FAMILY PLANNING WITH DEVELOPMENT PROGRAMMES

ECONOMIC AND SOCIAL COMMISSION
FOR ASIA AND THE PACIFIC

UNITED NATIONS

SE 024 882

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ASIAN POPULATION STUDIES SERIES
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REPORT AND SELECTED PAPERS OF THE EXPERT GROUP MEETING ON ORGANIZATIONAL ASPECTS OF INTEGRATING FAMILY PLANNING WITH DEVELOPMENT PROGRAMMES

(Bangkok, 29 November-4 December 1976)

ECONOMIC AND SOCIAL COMMISSION
FOR ASIA AND THE PACIFIC
Bangkok, 1977

UNITED NATIONS

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Part One

REPORT OF THE EXPERT GROUP MEETING

REPORT OF THE EXPERT GROUP MEETING

I. ORGANIZATION OF THE MEETING

1. The Expert Group Meeting on Organizational Aspects of Integrating Family Planning with Development Programmes was held at Bangkok, from 29 November to 4 December 1976, in recognition of the needs expressed at the Second Asian Population Conference, the World Population Conference and the first session of the Committee on Population. It was organized by the Economic and Social Commission for Asia and the Pacific (ESCAP) with financial assistance from the United Nations Fund for Population Activities (UNFPA).

2. The Meeting was the eleventh in a series of expert group meetings or regional seminars convened by ESCAP on the subject of fertility and family planning. Previous meetings, held between 1966 and 1974, included discussion of various aspects of family planning administration, communication, evaluation, training of personnel, cost-benefit and cost-effectiveness of family planning programmes, and social and psychological aspects of fertility behaviour. These meetings and seminars have played a unique role in assembling the latest thinking and experiences of experts and administrators in specific fields and applying them to programme development in the countries of the region.

Objectives

3. The main objectives of the Expert Group Meeting, which was conducted in the form of a dialogue between family planning administrators, experts in public administration and organizational analysts drawn from the countries of the ESCAP region, were to review the region's experiences with integrated programmes or projects, identify the organizational problems and issues and evolve guidelines for planning, implementing and evaluating the integrated family planning programmes.

4. During the previous decade, many countries within the ESCAP region had created a number of different family planning strategies that could be called "integrated" in one way or another, but there was a considerable lack of agreement on the meaning of integration and a lack of assessment of the programme and effectiveness of integration itself. To address those problems of integration, the Expert Group Meeting was convened with the following specific objectives:

(a) To review the characteristics of various types of integrated family planning programmes within the region and identify the concepts and definitions applied to them;

(b) To identify practical problems and issues in implementing integrated programmes, especially in the areas of administrative processes, organizational structures and strategies, resource utilization, and behavioural incentives and constraints;

(c) To make recommendations for effective evaluation strategies and develop specific instruments for the assessment of the quality and quantity of service integration and the impact of that variable on family planning programme success.

5. The emphasis of the Meeting was on the identification of organizational factors relating to the efficiency, effectiveness and accountability of the integrated family planning programmes, and the Expert Group was expected to evolve the most appropriate evaluation strategies called for by integration at various programme and project levels.

Organization of work

6. The Meeting was organized in the form of plenary sessions to discuss selected areas related to organizational issues in integrated family planning programme administration. For each substantive agenda item, a guideline for detailed discussion was presented at each plenary session. Approximately one half-day was devoted to each substantive agenda item. In addition, there were country statements on specific issues by experts from the region and reports by specialized agencies.

Participation

7. The participants in the Expert Group Meeting included family planning administrators, experts in public administration and organizational analysts from 10 countries within the ESCAP region (Bangladesh, India, Indonesia, Iran, Malaysia, Philippines, Republic of Korea, Singapore, Sri Lanka and Thailand). These participants were invited in their individual capacities and not as representatives of their institutions or Governments. In addition, there were representatives present from UNFPA; the Food and Agriculture Organization of the United Nations (FAO), the International Labour Organisation (ILO), the United Nations Educational, Scientific and Cultural Organization (UNESCO) the World Health Organization (WHO), the International Planned Parenthood Federation (IPPF), the Regional Organization for Inter-Government Co-operation and Co-ordination of Population and Family Planning in South East Asia (IGCC), the Japanese Organization for International Co-operation in Family Planning (JOICFP), the Population Council and the Development Support Communication Service (DSCS). A list of participants is given in annex I.

Opening address

8. The Expert Group Meeting was inaugurated by the Special Assistant to the Executive Secretary of ESCAP who read out a message from the Executive Secretary. In his message, the Executive Secretary observed that in the early 1960s the increasing recognition of the problems created by rapid population growth, and the introduction of new and inexpensive contraceptive technology, had led many countries in the ESCAP region to adopt national family planning programmes in an attempt to solve their population problems. By the end of the decade, however, there had been increasing disillusionment with those programmes as their outputs had not been commensurate with original expectations.

9. In the early 1970s, he continued, it had come to be widely recognized that a single specialized programme, such as family planning, concerned with only one aspect of human behaviour, could not provide the solution to the multifaceted problem of population growth and that, to be effective, family planning should be fully integrated with the over-all programmes for the social and economic development of a country. Countries within the ESCAP region had therefore adopted a number of different courses of action for integrating family planning with various development activities.

10. One of the major problems, however, was that "integration" could not be expected to occur automatically, simply because a policy directive stated that it should happen. Specific organizational problems had to be solved if integration was to be achieved. They included providing appropriate directives and organizational functions to effect the necessary linkages between specialized functions, recruiting and training personnel for the specialized tasks demanded in integrated processes, providing adequate resources to the appropriate structures and promoting the pattern of communication necessary to bring together disparate processes. With those considerations in mind, ESCAP, with UNFPA funding, had organized the Expert Group Meeting.

11. The Executive Secretary added that the Expert Group Meeting would provide a forum for an exchange of views between family planning administrators, experts in public administration and organizational analysts and would give new directions and valuable suggestions for the improvement of the effectiveness, efficiency and accountability of the integrated family planning programmes in the region and thus assist in meeting one of the greatest challenges currently faced by the world at large and the ESCAP region in particular.

Election of officers

12. The Expert Group Meeting elected the following officers: Chairman: Mr. Wan Fook Kee; Vice-Chairman: Mr. B.P.V.A.J.P. Senaratne; and Rapporteur: Miss Teresita Silva. Mr. Gayl D. Ness served as consultant.

Agenda

13. The Expert Group adopted the following agenda:

1. Opening session
2. Election of officers
3. Adoption of the agenda

4. Conceptualization, rationale and definition of integration in development strategies
5. Review of selected integrated family planning programmes in the ESCAP region
6. Organizational requirements for successful integration
7. Evaluation strategies and instruments
8. Recommendations
9. Adoption of the report

Documentation

14. Two background papers and 12 papers on special projects had been prepared and were placed before the participants to assist in the discussions. A list of documents is given in annex II. Summaries of the project papers are given in annex III. The background paper prepared by the consultant constitutes Part Two of this report.

Consideration and adoption of the report

15. The draft report of the Expert Group was considered and adopted, with some amendments, at the closing meeting on 4 December 1976. The amendments adopted have been incorporated into the report.

II. BACKGROUND AND ORGANIZATIONAL APPROACH

16. Over the previous few years there had developed an increased interest in integrating family planning with other development services. It had been widely recognized that, despite the achievements of family planning programmes, they could have only limited impact on fertility decline so long as they remained narrowly focused on clinic-based contraceptive distribution to individual men and women at risk. To achieve success in fertility control and to promote more generally the betterment of life, family planning should be more closely linked to the full range of development programmes, especially in the rural areas. The most recent authoritative statement on integration appeared in the recommendation of the ESCAP Committee on Population at its first session to the effect that family planning should be a part of fully integrated rural development programming.

17. The interest in integration raised the danger that it would become a new and uncritically accepted symbol which would be viewed in itself as the solution to the intractable problems of promoting human welfare. If integration was to be used to promote human welfare, it had to be approached rationally and critically. The Expert Group was convened to provide such critical and rational attention.

18. It had been common to define integration only with reference to its structural properties, as the fusion of two organizational units into one. This definition distinguished integration from co-ordination and co-operation, which left separate specialized units structurally distinct. This definition was considered deficient in that it assumed that processes of linking specialized activities would automatically follow from the creation of a new fused structure. Experience with "integrated" programmes in the ESCAP region suggested that such assumptions were not warranted. Integrated programmes of maternal and child health and family planning (MCH/FP), for example, directed that the specialized activity of motivating and delivering services for family planning should be linked with MCH services by planning responsibility for the two types of activity in the same organization and often in the same persons. It was fully recognized, however, that merely creating such a fused structure did not produce the desired fusion of activity. Often family planning services were quite neglected in such programmes. The structure of integration was achieved, but the process did not follow automatically.

19. An approach to the organizational problems in integration required first that a distinction be made between the structure and the process of integration. Integration had to be viewed as a process in which different specialized activities were linked in actual interaction. Such a distinction made it possible to consider the process as a distinct form of interaction, assess its dimensions of variance, and then ask what structural arrangements produced the desired degree and quality of interaction.

20. If integration was seen as a process of interactive linkages between specialized activities, the full range of integrative possibilities became more apparent. Specialized activities might be linked in a single role within one

agency; the specialized activities of different agencies and sectors might be linked; and specialized activities might be linked in routine fashion over a long term, or they might be linked only temporarily in a concerted campaign style of action. Further, specialized activities might be linked through formal instructions in specifically designed organizational structures, or they might arise informally through the personal initiative of individual specialized agents. The ESCAP region was rich in examples of all forms of integrated programmes and projects.

21. Modern human organizations had created and had been built around specialization in activities. Specialized organizations for health care, education, agriculture and a wide variety of other activities had become a common aspect of the scene in the ESCAP region. As such organizations were built around specialization in activities, they were also designed in part to produce some interactive linkages between those activities. Six different sets of problems were identified that organizations had to address if they were to provide for effective interactive linkages of specialized activities.

22. The first set of problems lay in the decision as to which specific specialized activities ought to be linked to meet human needs. There was wide recognition that no-one integrative strategy could be most effective for all problems. Human needs varied, and the specific clusters of human needs of different populations or groups also varied. An effective programme to meet human needs had to link those specialized activities that served the distinct set of human needs that were found to cluster closely together in a client population. For example, a poor and illiterate rural population would have a different cluster of human needs than would a developed urban population. The specific set of integrated services designed to meet the needs of those populations had to differ and had to be tailored to the special needs of its client population. Although that appeared only to be a statement of the obvious, it was not obvious that current attempts to develop integrated programmes provided for the sensitive identification of human needs and the tailoring of programmes to meet those needs.

23. A second set of problems concerned the creation of appropriate structures to provide the desired type of integrated service. Linking specialized activities required some form of structure, and implied some cost. Structures and costs varied with the number of specialized tasks to be brought together, the difference between those tasks and the extent and quality of the linkages desired. In the ESCAP region there were a wide variety of structures that provided for various types of interactive linkages between specialized activities. They ranged from multipurpose village workers, through local village committees and technical work groups of specialized agents to a variety of integrative roles designed specifically to bring specialized tasks together. Consideration of that variety of structures made it possible to raise questions about the most appropriate structure for the task at hand.

24. A third organizational problem in integration concerned the amount and application of authority by which specialized activities were directed to be performed in concert. Specialized activities had grown up in specialized organizational units that were established by formal authority and were given boundaries of responsibility and jurisdiction. New patterns of interactive linkages demanded that new authoritative directives be created that could cross the boundaries of specialized units. Problems arose in both vertical and horizontal directions, since both hierarchic levels and technical specializations had produced boundaries that obstructed effective interaction.

25. A fourth organizational problem concerned the provision of human resources that were specifically developed to bring together different specialized activities. New forms of recruitment, training and personnel control were required to bring together in one concerted action the individuals with specialized skills.

26. Financial resources were currently mobilized for and allocated to specialized units with distinct technical capacities. If they were to be linked effectively for more integrated development approaches, new forms of mobilization and allocation had to be designed. For example, if new responsibilities were to be added to existing specialized services, as when family planning was added to MCH or rural health services, that would usually require the mobilization of additional financial

resources. Further, if new types of linkages were to be achieved, especially at lower operating levels, that might require a more decentralized form of resource allocation, which gave greater discretion in actual fund utilization to the lower level units that were created to achieve the linkages.

27. Finally, any organized programme would require some form of evaluation to ensure that its resources and structure were appropriately designed to achieve its goals. Most family planning and other development programmes engaged in extensive evaluation, but little of that evaluation was designed to deal with organizational problems. In family planning, most evaluation strategies and instruments had been designed by demographers and were useful primarily for demographic analysis. To use integrated programmes rationally, it would be necessary to devise evaluation strategies and instruments that could assess the degree and quality of the interactive linkages themselves, and to measure both the impact of the interactive linkages on programme performance and the determinants of the degree and quality of the linkages. A working paper for the Expert Group Meeting reviewed the organizational literature and identified a number of instruments that had been used to assess interactive linkages, their structural determinants and their impact on programme performance.1/

28. The participants in the Expert Group Meeting offered a wide range of direct administrative experiences in family planning programmes in the region. In their professional capacities they had dealt with the organizational problems of providing effective services and had knowledge of both successes and failures in the difficult tasks of linking a variety of specialized services to meet human needs. Their discussions provided a detailed examination of the organizational problems involved in integrated programming, from which guidelines could be derived for pursuing integration not merely as a new symbol but as a rational process: appropriate structures, authority, personnel and resources for meeting human needs in the developing nations.

1/ See "The evaluation of integration in family planning programmes", ESCAP Population Division, Working Paper (first revision), July 1975.

III. ORGANIZATIONAL FACTORS FOR SUCCESSFUL INTEGRATION

A. HUMAN NEEDS

29. At a general level, most countries in the region were attempting to provide for the basic human needs of their citizens. In addition to food, clothing and shelter, those needs included health, education and the opportunity for self-fulfilling work and family life. Most Governments in the region had created development programmes to be implemented by specialized agencies designed to serve those basic needs. The recent interest in integrated development approaches was based on the recognition that those needs were interdependent and that organized efforts to meet them required more effective linkages between the existing specialized services directed at any of those needs. In addition, in the most general sense all of those needs were related to fertility. Thus, specialized programmatic attempts to reduce fertility required more effective linkages to the specialized services designed to meet other needs.

Differences in fertility-related needs

30. More specifically, however, it was recognized first that the priorities of those basic needs would vary considerably among different groups or populations. Further, the specific needs that were closely related to fertility would vary considerably from group to group. That implied that programmes to link family planning with other specialized services ought to be tailored to meet the specific clusters of fertility-related needs of different populations.

31. From those considerations, the Expert Group identified two major problem areas. The first, to which a great deal of discussion was directed, concerned identifying the different clusters of fertility-related needs, which should determine those linkages between family planning and other programmes that should produce the greatest benefit. The second concerned the question of how programme policy-makers and administrators could determine what were the fertility-related needs of different groups. Illustrations of two major projects in the region are given below.

32. The Bohol (Philippines) MCH/FP pilot project began with a baseline survey from which four distinct areas were identified: islands, coastal areas, inland rural and village areas, and towns. Differences between those areas were in the general characteristics of socio-economic development. Crude birth rates were exceptionally high in the islands, with rates in excess of 50 being readily observed. Along with that went low nutrition, education, income, health services, family planning acceptance, and high death and morbidity rates. Crude birth rates in the towns were of the order of 25, with attendant higher levels of socio-economic development. From that identified difference the project had tailored different packages of services for the different areas. For the poorer areas three types of adjustment were found necessary. First, the ratio of staff to population was increased to give a higher level of care. Second, more emphasis was placed on family planning, as that was seen as a high-priority need. Third, much more attention had to be given to linking various types of services. Bringing family planning acceptors together with motivation teams and then with medical personnel and facilities for such things as sterilization required a great deal of effort. For the more affluent areas, a greater reliance could be placed on the other specialized services available to clients. Those specialized services did not require extensive attention in order to link them. In a sense, in the more affluent areas, the individual clients could integrate the specialized services themselves. In the poorer areas, however, the programme had to give much more attention to that linking.

33. JOICFP had built a major set of projects in which family planning services were being delivered along with programmes to control soil-borne parasites. Those programmes were, of course, designed only for areas of high infection, where infection rates were as high as 60 to 70 per cent, and where child morbidity was especially high and debilitating, but also subject to rapid and dramatic amelioration.

34. Preference for contraceptive methods differed markedly among rich and poor populations in some countries in the region. Among poor rural peoples, where there was some vagueness about the size of what would be called an ideal family, there seemed to be greater preference for terminal methods of contraception because of the difficulties in sustaining other methods in areas where services might be inadequate and possibly because of the emphasis placed on sterilization in many countries. More affluent groups preferred pills or condoms, and that was reflected in the fact that in the most affluent urban populations there was a very refined and differentiated preference for certain methods. That was taken as evidence that fertility-related needs differed considerably among various groups, depending on socio-economic differences.

35. Bangladesh, the Republic of Korea, Malaysia and India had found a marked difference in the degree of family planning acceptance in relation to village cohesion. More cohesive villages tended to provide much more effectively for the welfare of the members, showed much more initiative in promoting their own welfare and often had high rates of contraceptive acceptance. Further, the more cohesive villages tended to manage effectively their own integration of external inputs. Thus, from the external agency's point of view, less effort would be required to link specialized services in such villages with little internal cohesiveness tended to manage effectively their own integration of external inputs. Thus, from the external agency's point of view, less effort would be required to link specialized services in such villages. For villages with little internal cohesiveness and initiative, a great deal more effort would be required by external agencies to link the services that would help to promote development.

36. In administering its disincentive programme, Singapore had found that popular awareness of the disincentives was virtually complete on the items of clinic fees and school preference, but was drastically lower for maternity leave, housing priorities and taxation rates. That might reflect the varying needs, immediate or remote, of the population.

37. All of the above observations indicated that populations varied considerably in their fertility-related needs, along a dimension that could generally be characterized from poor-rural to wealthy-urban. Quite obviously the specific mix of services to be provided for groups that differed along that dimension ought to be different and tailored to the needs of each group.

38. It was noted that the clusters of fertility-related needs were different for men and women. The popularity of the MCH/FP linkage was based on the generally accepted idea that fertility and child health were closely related, and both were closely related to maternal health. "Husband resistance" was often found to be a stated reason that women did not accept contraceptive practice. Women sometimes expressed the desire for pregnancy postponement in interviews, and more often expressed that desire through seeking abortions. India had found that, in about 40 per cent of the 500,000 abortions provided by the Government in the three years since the liberalization of its abortion laws, women had accepted sterilization along with the abortion. Thus, where men and women were different targets of programme effort, they ought to be approached with different mixes of activities.

39. Thus, there were observed differences in fertility-related needs at least between rich and poor, urban and rural, men and women, and between more and less cohesive villages. That implied that, when target groups differed in those ways, they ought to be approached with different sets of specialized services. There was no one best way to link family planning services to others. The specific mixes and strategies would vary according to the condition of the population to be served.

Ascertaining human needs

40. If policy decisions were to be made on the types of linkages between family planning and other special services on the basis of local conditions, it would be necessary to ascertain what those special clusters of fertility-related needs were.

41. The Expert Group recognized the value of population surveys in determining those clusters, but also noted the limitations of such surveys. The normal questions of validity and reliability that arose in surveys were compounded when the respondents were illiterate and relatively isolated. It was suggested that more anthropological or observational techniques be used in many cases of especially isolated rural areas to determine what were the fertility-related needs. It was also suggested that research should be built into programmes and included in the continuing process of planning and implementation.

42. It was noted that many programmes had used novel procedures for getting information from the lowest levels of village organization to government offices. The new village movement in the Republic of Korea had been conceived when a top leader had directed his staff to find two successful farmers to instruct his officers at cabinet level on how they achieved success. The Comilla model of close interaction between development centre personnel and the creation or support of local village organizations represented important innovations in providing information to government officials on the needs of the populations they served.

B. STRUCTURES FOR FUNCTIONAL LINKAGES

43. Linking separate specialized activities required some form of structure. The Expert Group identified three broad levels at which different structures had been used, and at which different structural problems could be distinguished. At the grass-roots level were the people and groups to whom public services were directed. At the middle level were a series of specialized organizations and officials or technical agents generally assigned to provide those services. At the national level were the policy-making bodies that controlled resource mobilization and allocation and determined the broad goals of public policy and the rules by which those policies would be carried out.

Grass-roots

44. The Expert Group noted that in the ESCAP region there had been considerable activity in creating and using village-level groups both for specialized development activities and for general government. In most countries local-level village groups had been in existence for centuries and recent development efforts had merely attempted to utilize them for modern development aims. In other cases, it had been necessary to set up new village-level organizations, or to activate dormant ones. There had been considerable agreement that such local-level groups could be effective in linking the various specialized services of public and private agencies.

45. Existing local power structures had to be recognized in gaining acceptance of family

planning programmes in whatever form they came to the village. At the same time, there were often dangers in simply accepting the existing power structure, for it might be precisely that structure that had been responsible for low levels of local initiative in the past. Where that appeared to be the case, there was real utility in considering ways of setting up new groups through which development services could be channelled.

46. There was a great deal of experience in the region in setting up new types of local groups, both to provide vertical linkages to family planning and other specialized services and to provide more horizontal linkages at the village level between those services.

47. Three broad types of such new groups could be distinguished. One was concerned with the over-all village population and was something of a local governing or representative body. Village panchayats and barauguay councils were obvious examples of that type. There were, however, grave dangers of perpetuating stifling power structures. Bangladesh had attempted to build new village structures through elected representation of different categories of villagers; landed, landless, youth, women, artisans and professionals. New local government groups required activation, which had been achieved in some cases by involving them in budget planning for national development plans. When such local representative groups were active and responsible, they could be used effectively to provide linkages between family planning and other relevant activities at the village level. If they were especially strong and active, they might also force some interagency linkages upon specialized public service organizations from below.

48. Secondly, there had also been much effort in the region in establishing more specialized local groups, such as mothers' clubs, farmers' associations and youth groups, for development of family planning activities. Those, too, often had to be activated and assisted if they were to be effective. Mothers' clubs had been set up with the general aim of promoting mothers' interests through a wide range of tasks. Family planning could be included as one task, and thus linked effectively to other locally determined relevant activities. In other cases, family planning groups had been created when there was strong upper-level commitment for a major family planning drive, as in East Java's village family planning groups. Those groups could be further developed by including a range of other relevant activities. In both cases, the group could be used to motivate women through peer pressure by developing a sense of collective responsibility for goal achievement. There was more direct and premeditated use of peer pressure for contraceptive behaviour in the groups specifically established for family planning. In the more general mothers' clubs, the inclusion of family planning often depended on the interest of the specific leader or on the commitment of administrators who supervised and controlled the clubs' external advisers.

49. Thirdly, specialized development groups had also been set up, again with specific inputs from outside of the village. Such groups could be activated through the input of resources for development, and then rewarded for effective use of those resources by subsequent allocations. That had been tried with some success in **Saemaul Undong** (new village movement) in the Republic of Korea. When family planning was included in the activities of such groups, it could become effectively linked to the most relevant local needs. The process had also been tried in reverse, as contraceptive supply points were created in villages, and larger development activities expanded out from those points. Thailand's Community-based Family Planning Service was a well-known example, and the Philippines planned for a somewhat similar creation of barrio supply points, which might become centres of local initiative.

50. In all those examples local participation was the condition that provided for more effective vertical and horizontal linkages. Local groups could determine which clusters of fertility-related needs existed and could be used in linking family planning with other relevant services. That meant that they could be effective points of integration at the level of service recipients. Further, they could be effective in creating a consensus for fertility control, motivating couples for family planning and developing peer pressure useful for achieving both broad development aims and the more limited aims of fertility control.

Middle level

51. At the middle level the Expert Group distinguished two broad strategies for linking family planning with other types of specialized services. One was the now classic MCH/FP integration model, in which family planning was simply added as an integral part of routine MCH activity. In that case, the major responsibility for family planning lay with the specialized health service, and linkages of family planning to other activities tended to follow the paths previously established and used by the health network. A newer type of strategy had emerged over the previous few years, in which the responsibility for family planning motivation was lodged primarily in a general administrative hierarchy. Under that strategy, MCH was sometimes integrated into family planning, but was separate from health services. That model tended to work specifically through the formation or activation of village-level governmental or specialized development groups. At middle levels, the model worked through regular or special committees or teams that included all relevant technical and administrative officers for planning and supervision. It was possible to list both the advantages and disadvantages of each strategy.

52. In the classic MCH/FP integration strategy the advantages appeared to lie in the existence of a delivery network that was well known and generally well respected. Especially after its great contribution towards mortality decline, the health distribution network appeared to be trusted and respected by the population. There was a further advantage in the specific limited aim of the health service, which made organizational procedures and control somewhat simpler. Procedures and technology were generally well worked out, lines of authority and responsibility were well established and supervisory procedures were well suited to the tasks of service delivery. In the Philippines there was the added advantage of the general availability of health personnel, especially with midwives in large supply, which was an advantage that most other countries did not enjoy. There was general acceptance that health, and especially maternal and child health, was closely related in people's own lives to fertility control. Further, since family planning often involved use of drugs or surgical procedures, it quite obviously came under the specialized competence of the health service. The need for making use of that health infrastructure, therefore, could not be overemphasized.

53. The disadvantages of the classic MCH/FP strategy mirror many of the advantages. The established and limited nature of the health network often led that network to a closed and conservative orientation towards other networks. Thus, it was difficult to get health officials to consider such things as the private market distribution of contraceptives, or the establishment of linkages with other public and private organizations. The health strategy seldom involved the establishment of local groups for health or family planning, though it usually recognized the need to work through existing local representatives or influential bodies or persons. Although the health profession tended to be influential and respected, the health service tended to be a weak service in government, which was reflected in the relatively low allocation of resources or power to health. Finally, one of the most important disadvantages was that the health services in many countries were still not fully extended to most of the population, and staff shortages meant that the service was quite overloaded. Family planning might often be added in name only, with little or no real work being done in that field. Or, if family planning work was done, it was at the sacrifice of other health activities.

54. When family planning was given to the general administrative network, it was usually the result of a large increase in top-level political commitment to family planning. Thus, that strategy tended to enjoy the advantage of greater backing from the Government. The general administrative network tended to have greater skills in administration, because of its specialization, and to contain officials with specialized experience in administration. Another advantage lay in the greater openness of that network to developing relations with a variety of specialized activities, both public and private. Finally, insofar as that strategy involved the establishment of local group for family planning, it had the distinct advantage of producing a broader scope of local participation and commitment to the goals of the programme.

55. The disadvantages of the use of the general administrative structure lay first in the

possibility that the structure itself might be weak and heavily overloaded. Second, that approach appeared to rely much more than did the health network approach on top-level political commitment. Without such a commitment, assignment of family planning to the general administrative structure could lead to serious failure. Finally, it should be noted that there were costs involved in starting up a new programme in the general administrative network, although it was not certain whether those were greater or less than the start-up costs in health.

56. Some participants felt that the strategy that integrated through the administrative network was preferable to limited integration through the health network. The former appeared to offer greater opportunities to build appropriate interactive linkages with other relevant development activities. In addition, the development of local groups for participation and local initiative was considered highly useful for other development activities and did not have to be confined to family planning. Preference for that strategy was also supported by the observation that some integration projects had proved to be very costly, especially in view of the meagre returns they achieved. Further, in some cases there was a clear demonstration of a negative relationship between family planning and other health activities or outputs where they were placed together in the same programme.

The national level

57. At the national level, there were two distinct tasks involving structures for integration. First, some form of co-ordination capacity had to be created to review over-all resource allocations for family planning. That was, of course, typically the responsibility of the planning units, that were a common feature of all States. Second, it was necessary that the planning and legislative bodies ensured that population-relevant policies were consistent with one another. That involved a review of laws and policies, and might not require the extensive participation of many technical agencies or local groups that were required for integration at the two lower levels.

C. AUTHORITY

58. Any major development effort required a commitment of top political leadership. Family planning was no exception to that rule. But in the area of integration special problems arose. If family planning was to be linked to other activities, substantial levels of political commitment were required in order to break down the jealously guarded boundaries of specialized agencies.

59. Specialized agencies tended to develop strong protective sentiments concerning their accepted areas of responsibility and competence. Typical lines of power and authority had been developed vertically, giving higher echelons the capacity to direct the activities of lower levels. Even that capacity, however, tended to be restricted in the process of normal activities, as higher echelons tended to be bound by precedent to direct specialized bodies only in limited ways. When it was desired to link specialized activities in new ways, special forms of the exercise of power and authority were required in a horizontal direction. Those forms tended to be somewhat unsettling and novel, since they had to direct actions across boundaries that had previously been protected by the routine exercise of direction. It was observed that it was easier to direct new forms of action across previously protected boundaries if the power source could mobilize new resources for such action. Specialized agencies could be induced to work across their boundaries if they saw advantages in that action in the form of increased access to resources.

60. The Expert Group noted that in a number of ESCAP countries there had recently been a marked increase in the commitment of top political leaders to the problems of population and consequently to programmes for fertility control. Often that had resulted in shifting the centre of responsibility for family planning to the civil administrative network, which had used the new infusion of authority to create new linkages between family planning and other specialized activities. By its very structure the civil administrative network had considerable horizontal authority, since it was typically organized by areas, with at least some command over specialized technical services in its geographic area. Most technical services lacked that form of authority, and thus were not well placed to develop linkages with other services on the basis of established authority.

61. The Expert Group observed at least three different ways by which political capital could be mobilized to achieve whatever linkages were desired for activities of a broadened scope. The first of them was based on the observation that the masses were often ahead of their leaders in matters of population, especially under conditions of rapid population growth. The political commitment of leaders could be generated by demonstrating to them that there was a significant amount of popular demand for some new form of assistance in fertility control. For example, surveys had been effectively used to demonstrate to leaders that their perception of potential or actual popular opposition to population programmes was not reality. The operations of private voluntary family planning groups had often also served to demonstrate the popularity of that type of service. In the same manner, popular demands could be used to generate a political commitment for effective new linkages between specialized services.

62. Secondly, the economic plans or stated goals of government could also be used to generate political commitment for population planning policies. Goals to eradicate poverty, or to reduce population growth rates, could be used to claim resources, or more importantly to claim authority to develop the interagency linkages that might be needed for more effective family planning programming. In addition, economic plans and forecasts provided clear opportunities to demonstrate the intensity of economic pressures on a country. It had been observed that political leaders often reacted readily to such clearly demonstrated economic pressures.

63. Finally, political support could be mobilized by making economic planners and political advisers acutely aware of both the pressures of population growth and the potentials for alleviating those pressures through new programmes. Private voluntary organizations were often in a good position to hold seminars or other educational sessions for economic planners to acquaint them with the many sides of population problems, and with the many known capacities for dealing with those problems.

64. The Expert Group noted that, in achieving effective linkages between specialized public services, it was necessary to have clear and comprehensive directives, giving specific responsibilities and authority to all elements to be included in the linkage. Clear directives established the accountability of all units in the interaction, so that they could be made responsive to the application of power.

65. There was a special problem of the application of authority when linkages were sought across the boundaries of public and private organizations. The two typically had different rules and procedures of accountability, especially in the use of funds, which often made it difficult for public agencies to establish effective linkages with private ones. The problem appeared to be least troublesome when linkages were sought with the private market sector. There the relative similarity of accounting practices made it easier to use familiar authoritative directives to establish effective interactions.

66. It was noted that there was persistent difficulty in the interactions of public organizations and private volunteer organizations. The reasons for that apparently derived only partly from the problems of different rules of accountability, and lay more in the issue of the security and confidence of the two interacting parties. It was observed in many sectors, from personality organization to international economics, that effective linkages could be built more readily between strong and secure units than between weak and insecure ones. Similarly, international economic integration had been observed to require effective national economic integration. As Governments had moved into family planning activities originally carried out exclusively by private voluntary organizations, they had often restricted interactions with the private groups, in part from a sense of insecurity about their own new programmes. Inabilities to share authority across those lines often resulted in a considerable waste of resources, as the energies and networks of the private groups were not fully utilized for the delivery of services. The solution to the problem lay in the development of clearer recognition on each side of the constraints and capabilities of the other.

67. Finally, the resources available in the international sector provided special problems for programme directors in their attempts to establish useful linkages with other specialized activities. In some cases, international

donors preferred working with one agency that had clear and more or less exclusive control over the programme. In other cases, donors provided pressures for special forms of cross-speciality interactions. There seemed to be little advice to offer in that area other than for programme directors to be aware of the ranges of constraints under which various groups operated.

D. PERSONNEL FACTORS

68. Human resources represented a programme's most flexible and powerful resources. For most development programmes, including family planning, shortages of qualified personnel raised persistent problems for almost all countries. The ESCAP region had experienced some powerful innovations in recruitment, training, and supervision and control in attempts to promote programmes in the face of those shortages. The thrust to build new linkages between family planning and other development activities raised new problems, compounding those of staff shortage. Again, special considerations for recruitment, training and control were required in those new attempts at integration.

Recruitment

69. One of the most useful innovations in recruitment observed recently was the move away from the use of formal academic criteria to the use of criteria more suited to the programmes. It was widely observed that over-qualified motivators, for example, urban secondary school graduates might not be very useful in rural family planning programmes in countries with very low levels of education. The recruitment of younger, primary school graduates, and of more women, offered much scope for solving human resource problems, especially in rural-oriented programmes. Bangladesh had innovated such a recruitment programme for its family planning programme with exceptional success. The recruitment programme was coupled with a long-term training programme that would raise skills in family planning and closely related areas in subsequent training courses after periods of field-work.

70. Iran's Health Corps represented another highly useful innovation for family planning and development programming. With about 3,000 new women Health Corps recruited each year, and a period of 6 months' training and 18 months' field service, many staff shortage problems had been alleviated. The training in that case was sufficient to give the recruits a wide range of skills useful in their health or family planning activities. The training also included materials from other development activities with which they would be associated. Effective informal linkages were also provided by the programme, since members of the other two units, the Development Corps and the Literacy Corps, often shared housing in the villages in which they were stationed. Such proximity provided for an informal linkage between the three services that was exceptionally useful in the rural areas. Finally, control or motivation in that case was greatly facilitated by the youthful vigour of the members, and the great esteem in which they were held in the villages. Such popular acceptance acted as a strong motivational force for the members to work effectively in their tasks.

Training

71. It was recognized that training in any development programme should be a continuous process, that there was a reasonable preference for in-country training and that training should include human relations, group dynamics and attempts to induce the commitment of the trainee, and should work towards ensuring the job satisfaction of the trainee.

72. In addition to those common elements, attempts at integrated programmes involved some special problems as well. When linkages between specialized activities were desired, training ought to include a substantial cross-speciality element. For that, new training materials were required, which in turn demanded substantial cross-agency efforts for their development. For recruits entering a new integrated programme, the training offered no serious problem, but problems arose in the retraining of existing staff. One result of staff shortage was that existing staff might be considerably overloaded and not be available for retraining courses. The problem was compounded when clear lines of authority were not established, so that the trainers had to rely only on the goodwill of others to take time for the training course.

Control

73. A persistent problem for any organization was to provide sufficient motivation for workers to perform their tasks with all of the talent and energy at their command. It might be assumed that all workers wanted security and rewards, and all organizations wanted performance towards goal achievement. The problem then was to make activities towards gaining security identical with those towards goal performance. Private market distribution system tended to achieve such identity naturally, as salespersons gained rewards commensurate with the amount of goods they distributed. Public organizations often had severe problems in that regard as job security was often achieved on grounds other than performance.

74. That problem was serious enough in any public service, but it seemed to be compounded when programmes attempted to build interactive linkages between specialized services. By the addition of multiple goals to a job, it became more difficult to evaluate performance in goal achievement and provide rewards commensurate with the desired performance. India and Malaysia had attempted to solve that problem by developing multitask composite indexes of performance. The problem of ensuring an appropriate balance between the various tasks in the index was achieved by setting specific target ranges for each of the major sets of tasks to be performed. It was recognized that, although those strategies represented useful attempts to solve the problem, they did not constitute fully acceptable solutions.

75. The Expert Group recognized that one of the persistent problems of providing effective control lay in the shortage of middle-level supervisors who could visit workers in the field and provide guidance and evaluation. There appeared to be a tendency to use males more than females in such supervisory positions, thus overlooking a major source of manpower that could be more fully utilized in supervision. The shortage of supervisors also indicated the need for specialized training courses to turn good field workers into good supervisors.

76. Finally, it was recognized that there might be considerable under-utilization of labour in family planning and allied programmes. Various forms of utilization studies could be mounted to determine whether or not workers were fully utilized, and the extent to which they were utilized in tasks commensurate with their level of competence and training.

E. RESOURCES

77. Any development programme required that resources be mobilized for programme action, and that they be allocated rationally to the points of action designed to achieve programme goals. When the plan was to build interactive linkages between family planning and other special services, distinct problems arose in both resource mobilization and allocation. At the same time, the desire for more linkages presented important possibilities for more effective programme performance.

Mobilization

78. The terms "integration" and "international donors" immediately sparked a series of suggestions that had become common in meetings of the sort. Harassed administrators often suggested that some integration of the international donors would be most welcome. It was recognized that in the previous five or six years UNFPA had increasingly played a useful role in bringing donors together on world, regional and country bases to effect greater co-ordination among their efforts.

79. International donors had often been especially useful in promoting the development of linkages between special agencies and activities. That was noted in the case of creating linkages between the family planning programmes and private sector distribution networks. It was observed that issues of mobilization and allocation were closely linked; for example, the establishment of new private bodies facilitated the mobilization of resources which could be specially allocated to those bodies. Indonesia's YIS (Prosperous Indonesia Foundation) provided a good example. The Foundation had been set up for a variety of development-related activities. Its position outside of the government structure had given it a useful amount of flexibility for innovation in creating linkages with the private sector. That in turn had permitted the increased mobilization of international resources for a private sector distribution scheme, which the Foundation had

found especially helpful. With resources gained for the scheme, the Foundation had been able to go ahead with additional schemes for mobilization of local resources.

80. The YIS experience in fund-raising provided a common experience in many developing nations. It had been difficult to raise funds for the Foundation's programme from large local donors, who generally wished to see some tangible result, such as a building, from their resources. They had found, however, that they could mobilize funds from poorer villagers for a private health insurance scheme. Villagers would pay Rp 50 per month for complete health care, which would also include family planning assistance. It was not uncommon to find that such local resources could be mobilized for group activities aimed at providing a specifically desired range of services. Thus, the idea of integrated services in packages that fitted local needs offered a good opportunity to mobilize resources from sources that were often overlooked.

81. The existence of non-governmental voluntary organizations also offered important possibilities for resource mobilization for programmes that included a wide range of services. Such non-governmental bodies represented an important source of both human and financial resources which could be mobilized by public programmes. The Expert Group recognized the potential of that source and suggested that Governments be more sensitive to the possibility of its utilization. It also recognized that persistent problems had arisen for family planning and allied services in working out an effective division of labour that could make full use of those resources. The Philippines had evolved a strategy in which such non-governmental organizations were used for innovative trials and for activities that were at some stage inappropriate for government. In that strategy, a sensitive differentiation of resource allocation had permitted the fuller mobilization of the resources that existed outside of government.

82. Finally, it was generally agreed that the new wave of integrated programmatic attempts should aim at becoming increasingly self-reliant. Resources from the international community could be used to try new schemes, but international assistance ought always to be used in progressively smaller amounts, with the national Government taking over larger and larger portions of the financial responsibilities as programmes developed.

Allocation

83. Resource allocation for building linkages presented important opportunities for government programmes to improve performance. It was agreed that resources should be allocated on the basis of performance, and the attempt to build interagency linkages immediately presented the opportunity to consider the specialized competence of various bodies and to provide resources for those specific competences. Much progress was made when government organizations could develop sensitive strategies in resource allocation that differentiated resources and responsibilities and tailored allocations to provide for those special competences.

84. The Government of India had evolved an allocation strategy for the family planning programme that effectively illustrated the principle. The central Government provided 100 per cent of costs of capital funds to the states, thus assuming responsibility for the basic task of building up the physical infrastructure for MCH and family planning. To promote performance and the use of local competence in programme performance, the Government provided virtually unlimited funds for specific types of achievement, leaving to the state and district governments the opportunities to build whatever interservice linkages appeared most appropriate in the given situation. Thus, sterilization fees were provided to the states for whatever sterilizations they could achieve. The states and districts were then left free to build whatever linkages were most effective in the local setting.

85. That strategy solved another persistent problem in resource allocation. It was increasingly found that allocation of blocks of funds, unspecified by expenditures, provided for a fuller participation of local-level units in programmes, and allowed for a sensitive and intelligent use of funds of varying local situations. In a sense, it was found that wholesaling resources were more efficient than attempting to retail them from a central Government. Such wholesaling of public funds required, however, that local bodies adhere

to rules of accountability acceptable to the central Government. Federal systems permitted such wholesaling procedures since state governments adhered to the same accountability rules. More unified government structures had the same opportunities in the existence of their provincial or district governments. Full utilization of those potentials, however, often required that accounting procedures be somewhat relaxed, for example, by giving local bodies greater freedom to decide upon expenditures up to certain levels without prior review by the central body.

86. The increasing development of village-level representative and development groups also offered important opportunities for more effective resource allocation. Such bodies could usefully be given blocks of resources with the authority to decide upon the specific utilization of those resources. That also increased local participation and provided for a more intelligent application of resources to local needs. As above, relaxing of expenditure approval rules was often required to make that type of strategy work effectively. In other words, local groups had to be given authority to decide upon certain amounts or types of expenditure and resource utilization without prior approval. The simple shift from prior approval to expenditure review was often sufficient to free resources so that local groups could build the types of linkages most appropriate to the local situation.

87. Another useful differentiation of competence and responsibility had been evolving in a number of countries. Increasingly Governments were assigning specific responsibility for delivery of health-related contraceptive services to government health agencies, but giving to non-health and private groups greater responsibilities for persuasion, motivation and recruitment of contraceptive users. It was recognized that that strategy moved in the opposite direction from previous moves toward integration. What appeared to be evolving was a more refined sense of the variety of integrating strategies that were possible. In other words, differentiating delivery from motivation tasks led to a looser form of integration, in which new and more flexible linkages were to be built between those two tasks. The differentiation relieved the health agencies of the difficult task of administering the motivation activity, and gave them the simpler task of linking their delivery services only with information on such things as clinic location and service hours.

88. Finally, it was observed that there were longer-run allocation problems in gaining assistance in motivation or other forms of assistance from other agencies. Ultimately, such assistance might require some form of resource allocation. The case was clearest in fully integrated health and family planning services. One country had experimented with such a fully integrated service and had found the result to be a decrease in the performance of health services. That had then led the health service to demand greater resources to accomplish both of the tasks that it had taken on. Similarly, when other services were asked to assist in family planning activities, that might lead to an increased workload for those services, which in turn would lead either to a decrease in the other service or a demand for increased resources, or both.

IV. EVALUATION

A. ORGANIZATIONAL ORIENTATIONS AND STRATEGIES

89. If integration was to be pursued in a rational manner, it had to be evaluated clearly and effectively. Further, it had to be seen as an element of the organizational process, as the interactive linkage between specialized activities, over which programme managers had some direct control. That observation raised one of the most general organizational problems in evaluation. The Expert Group noted that all family planning programmes in the region engaged in extensive evaluation activities. Both the strategies and the instruments of evaluation, however, had been designed by demographers and were primarily useful in demographic analysis. They provided only part of the information a programme director needed to increase the performance of the organizational units under his control and were especially deficient in assessing integration as an organizational strategy.

90. No programme evaluation was, nor ought to be, designed primarily to assess integra-

tion. But a more organizationally-oriented evaluation technique would assess integration, or interactive linkages between specialized activities, as one of the organizational characteristics that affected programme performance. Such a strategy would, among other things, focus attention on the performance of local-level organizational units. It would assess programme inputs and outputs for those units. Outputs would include contraceptive acceptors, continuation rates, user rates and fertility decline in the area served by the unit. Inputs would include such things as personnel factors -- the staff characteristics and the recruitment, training and control processes that determined personnel performance. It would also be concerned with organizational structure, leadership and authority, and with the range of logistical processes — the flow of supplies, funds and other facilities — that were required to produce programme outputs. In that type of evaluation, the interaction between various specialized activities and units would be considered as one of the organizational characteristics that affected unit performance.

91. The Expert Group identified two broad evaluation strategies, which could also be utilized in the evaluation of integration: strategies aiming at either cost-benefit or cost-effectiveness analysis. The first assessed the costs of various programme strategies and then related them to the full range of societal benefits derived from those strategies. The second was concerned with identifying the costs of producing a limited range of outputs, for example, the costs of achieving one new acceptor or of one year of couple protection from fertility. Although in theory the cost-benefit analysis was preferable, especially in evaluating various integration strategies, the Expert Group recognized that it was virtually impossible to arrive at a comprehensive and valid assessment of the full societal benefits of any programme. Thus, the more modest approach through cost-effectiveness analysis was preferable. Either strategy would consider interactions between specialized activities or units as one of the variables that affected the cost-to-output ratio.

92. It was observed that evaluation strategies would differ in aims and instruments when applied at the national level or at the individual programme level. At the national level the concern was broadly with choices in resource allocation, and the questions concerned the cost-effectiveness of various broad strategies. For example, did an integrated MCH/FP strategy provide higher cost-effectiveness than would the same resources put into a programme designed specifically to link fertility control with agricultural or labour policies? A further problem in the evaluation of integration at the national level concerned the vertical and horizontal linkages between various levels and specialized activities that formed the over-all population programme. Vertical linkages were prescribed in normal organizational hierarchical structures, but any national-level development policy had to ask whether in fact those linkages provided for the smooth flow from decision-making and directives to actual implementation that was supposed to take place. There were also important horizontal linkages to be achieved among specialized agencies at the national level to assure their co-ordination at lower operative levels. Finally, at the national level, there was a problem in assessing a wide range of policies to determine how consistent they were with one another. For example, the question was raised as to whether policies to achieve social justice were consistent with policies to achieve fertility decline. Integration at that level, in which all policies were integrated into an effective over-all national development policy, required serious efforts to include population in the over-all evaluation of development planning and its achievements.

93. At the individual programme or project level, the basic evaluation problem was to assess the degree and quality of integration between specialized activities and to relate them to the level of programme performance or output. That could be done either by assessing the degree and quality of interactive linkages directly and then attempting to attribute the variance in such linkages to programme outputs, or by comparing the cost-effectiveness of various projects that showed broadly different levels and types of integrated characteristics. In either case, a major problem arose in obtaining reliable and valid measures of the interactive linkages.

94. A previous ESCAP comparative study on the administration of family planning programmes had provided examples of exploratory

approaches to the assessment of integration and its relation to programme output. That study had constructed a simple output-input ratio (acceptors per staff day) to assess clinic-level performance. Then, in field interviews, clinic staff had been asked how much contact they had had with other officials and how much support had been given them by those other officials. In both the Republic of Korea and Malaysia there had been a pronounced positive relationship between the level of perceived contact and support and clinic productivity, which suggested that that type of interactive linkage did in fact increase programme performance. Another question that had been put to clinic staff in the Republic of Korea was how much time had they given to other non-family planning programme activities. In that case there had been a striking difference observed between rural and urban areas. In the urban areas the more staff time that had been given away to non-family planning activities, the lower had been clinic productivity. In the rural areas, however, a positive relationship had been found between time given away and clinic productivity. Giving time away to other activities represented one form of interactive linkage between specialized activities. It was important to note that that type of integration appeared to be useful in the rural areas but not in the urban areas.

95. The Bohol, Philippines, project had provided the Expert Group with a good opportunity to consider the broad range of problems and possibilities in programme evaluation in general, and in assessing integration in particular. That was a project which integrated family planning directly into the existing maternal and child health programme. It had extensive external inputs from UNFPA and the Population Council, which provided for an intensive and comprehensive evaluation programme. Although the evaluation was not of the classical experimental variety that would permit the direct comparison of cost-effectiveness of integrated versus non-integrated programmes, it afforded sufficient opportunity to make comparisons that approached the assessment of that integrative strategy. The project aimed at reducing both mortality and fertility in a very poor region of the Philippines. A wide range of studies was being undertaken, including a dual record system, field surveys, anthropological studies and studies of project inputs. Comparisons could be made with a comparable non-project area, the other half of the island of Bohol, as well as with other specific Philippines projects, for example, the Total Integrated Development Approach (TIDA) project areas, and with the Philippines as a whole. In addition, the same type of project was being undertaken in Mojokerto, Indonesia, and in other countries outside the ESCAP region. All of those comparisons could help to determine the cost-effectiveness of that broad integrative strategy.

96. Studies within the Bohol project itself could provide more information on the impact of integration as an organizational variable. One direct assessment of integration had been made in a study of time budgets of 10 midwives, who provided the basic services of the project. The time budget instrument was perhaps the most directly suitable for that type of role integration, since it attempted to assess the extent to which the two specialized activities - family planning and health - were actually performed by the agent in whom the two activities had been integrated. That exploratory study had found, first, that the amount of time actually given to family planning was extremely limited. The study directors recognized, however, that time itself was probably not the only or the most important measure of effort. The quality of the interaction and the time at which family planning motivation was done were probably more important than the sheer amount of time given. Further studies of the quality of services, staff perceptions of the importance of family planning and health activities, and population surveys of the perceived level of family planning output would be required to provide a more accurate assessment of the extent to which family planning and health activities were linked by placing responsibility for them in the same person. Finally, the project would consider a wide range of other variables, including male attitudes, migration, marriage, age distributions and employment, in an effort to assess the impact of conditions other than interactive linkages on whatever was achieved in mortality and fertility decline.

B. STRUCTURES AND STRATEGIES

97. A persistent problem in any programme evaluation lay in making it relevant and useful for programme administrators. Malaysia and the Republic of Korea had experimented with a structure for research projects that offered at least a partial solution. In a recent study of

family planning administration, the countries had set up study advisory councils composed of higher officials from such relevant units as finance, personnel (establishments), home affairs and health, together with the director of the family planning programme. The advisory councils met during the course of the project to consider the research design in detail, guide the research operation and consider the programmatic implications of their findings. Technical specialization in the research was provided by organizational researchers from local universities. The involvement of high-level officials, including the family planning director, had provided useful specialized competence relevant to family planning from all agencies and had provided those officials with useful detailed information on the programme's organizational problems. Perhaps more important, however, was the fact that the research had not been seen as something imposed from the outside, which might have embarrassed the family planning or other officials. Their active participation in the research had made it their own tool, which could be used to help them to improve the quality of the programme. That in general ensured that the research would be relevant and useful and that its results would in fact be used by the programme administrators, who could also count on sympathetic understanding of their difficult organizational problems from other officials in agencies critical to family planning programme success. In a sense, that research strategy utilized a structure that provided useful linkages between family planning and other relevant technical agencies.

98. The Government of India had evolved an action-oriented approach to family planning evaluation and research. In extensive evaluation of the decline in family planning programme performance around 1973, the Government had found that the medical doctor at the health clinic was a critical determinant of the unit's performance. From that finding the central Government had developed a peripheral monitoring scheme, in collaboration with the local states and districts, to locate and identify the weak spots. An elaborate arrangement had also been made for the current evaluation of performance. Evaluation was, however, meant to provide real and direct help for the local units to improve their performance, not to punish them for their problems.

99. Finally, the Expert Group observed that there was no one type of evaluation that was best for all organizational problems, including those of assessing integration. A wide variety of organizational and management research techniques was available, from routine service statistic review to more sophisticated management research. Most forms of evaluation could provide some useful information for programme managers, especially if it was focused on organizational structures and processes, and if it treated integration as a multifaceted variable that could be assessed systematically along with other organizational problems.

V. SUMMARY AND RECOMMENDATIONS

100. The Expert Group reviewed the various types of integrated family planning projects in the region and discussed their various organizational aspects. In that context, consideration was given to the critical issues of improving the effectiveness, efficiency and accountability of the ongoing and planned development programmes in which family planning could be integrated.

101. It was recognized that every family planning programme in the region engaged in extensive evaluation and research activities. Few, however, attempted any systematic evaluation of their own organizational conditions and the impact they had on programme performance. That was especially serious in the issue of integration, conceived generally as the interactive linkages that specialized activities or agencies had with one another. The Expert Group gave special attention to the need for organizational evaluation, including the issue of interactions that could be undertaken in a variety of ways in order to gain a clear understanding of the role that integration might play in improving services to meet human needs.

102. It was recommended that a variety of studies be undertaken to determine the varying processes of integration in family planning, the determinants of that variance and the impact it had on programme output. The following considerations warranted special attention in such studies:

(a) Integration should be seen as a process of interative linkages between agencies

and services or inputs. Variations in interactions in both agencies and specialized services should be included in the analysis;

(b) The costs of various agencies/services, or the facility with which they could be linked, should be carefully assessed;

(c) Behavioural measures should be used as much as possible to assess the variance in integration;

(d) The impact of integration on both the family planning programme and on other programmes to which it was linked should be assessed.

103. A general model summarizing the Expert Group's thinking on this evaluation is shown below. This model is designed only to represent, in a general way, the strategy of inquiry proposed by the Expert Group. It shows major groups of variables, which can be specified in greater detail in the context of specific country programmes.

104. Three different research strategies were recommended for the assessment of integration:

(a) In limited case studies, observational techniques should be used to identify and analyse the subtle dynamics and processes by which interactive linkages were created and maintained, and by which they had their specific impact on programme performance;

(b) A survey of major strategies for creating interactive linkages in family planning programmes could be carried out from existing data with relatively little cost and high return. For example, the two major integrated MCH/FP programmes in the region (Bohol, Philippines, and Mojokerto, Indonesia) represented a distinct strategy. The Indonesian East Java campaign, through the civil administration line to village family planning groups, represented another. Other major strategies could be identified in India, Malaysia, Thailand and the Republic of Korea. The great variety of those trials at promoting family planning through different forms of interactive linkages with other activities could usefully be surveyed from existing data. In such a survey there ought to be an attempt to determine what structures were used and how much actual integration took place, and the impact that had on family planning acceptance. The results of such a survey could be made known to family planning directors and planning agencies to assist them in determining the most appropriate integration strategies for their own programmes;

(c) More elaborate and detailed field studies could be undertaken on a smaller number of identified programmes to analyse the variance in integration and its impact on family planning programmes. Such studies might seek to generate their own data, rather than simply relying on existing data as suggested in the larger survey. They should focus on a selected sample of cases that represented important differences in integration strategies, with perhaps individual countries taking responsibility for a portion of the total number of cases to be included.

105. It was noted that it was most important to assess integration strategies from the point of view of the ultimate recipients of service, the populations in need of assistance. Research should be carried out on the villagers' perceptions of development services in general, and family planning services in particular, and on the possibilities of various forms of linked services. That should be especially important in assisting policy-makers in determining the most effective integration strategies that could be used.

106. It was recommended that specific work be done on developing instruments for assessing the process and degree of integration. The instruments should be developed in the context of regional family planning programmes, with the aim of developing simple instruments and procedures that could be used on a routine basis by programme administrators in assessing programme performance.

107. In addition to those types of research, it was recommended that more applied work should be done to provide from regional expe-

riences information and procedures on how to develop and maintain effective interactive linkages between specialized agencies and activities. Existing documentation could be used to distil relevant findings from psychology, sociology and administration, and could include case studies of successes and failures from family planning programmes in the region.

108. It was recognized that the voluntary associations in the ESCAP region had both extensive experience and resources that could be of value to government family planning programmes. They could be especially valuable in building linkages with other local groups and development efforts. Therefore, it was recommended that Governments take fullest advantage of the resources available in the voluntary organizations and invite them to participate from the earliest planning stages through full implementation of integrated family planning programmes.

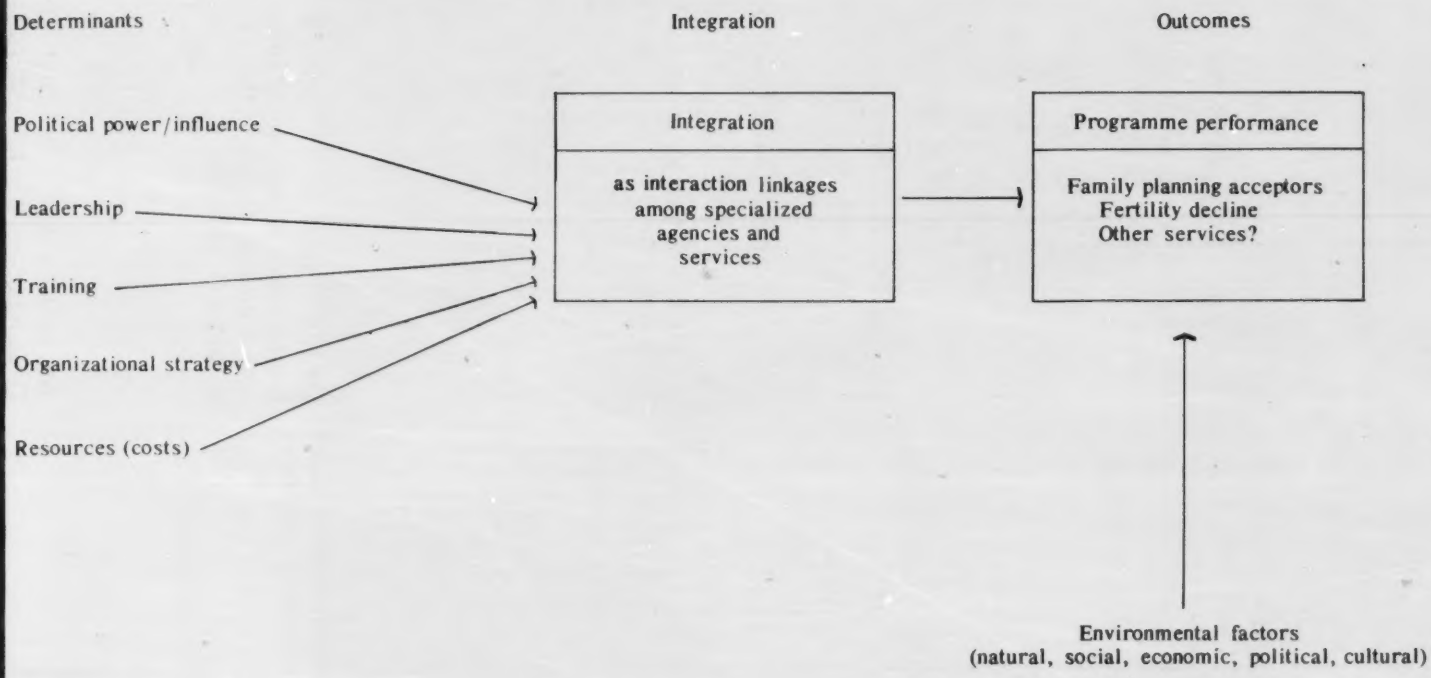
109. Since a number of countries were developing new training procedures for administrators, it was recommended that special projects be undertaken to evaluate those training programmes, especially their impact on the creation of new and effective interactive linkages among family planning and other development activities. The Republic of Korea had just completed a new training course for managers, based on findings of a previous administration study of the family planning programme. It was apparent from that course that new training materials were required and that procedures for evaluating the training course ought to be developed. The Philippines was also interested in both materials and training in evaluation methods and procedures for its new orientation to total integrated development in population planning and implementation.

110. It was also recommended that guidelines based on existing procedures for pilot projects and field experiments at the country level be used by administrators who had the ability to experiment with different strategies for accomplishing their ends.

111. It was recognized that, to be most effective, major policy-oriented studies and research on integration of family planning with other development programmes required two major elements. First, they should be associated with the planning office, rather than in the family planning office, to give them the scope, objectivity and access to other agencies that would be required. Second, they should actively involve leading administrators in the relevant agencies in order to gain their acceptance and co-operation with the research. It was also possible that smaller scale, administratively-oriented studies might be undertaken by the family planning administrators themselves. In such a case, the second element, involvement of other concerned agencies, was an absolute imperative.

112. To facilitate and ensure the implementation of the above suggestions and recommendations at the national and regional levels, ESCAP was requested to continue its efforts, in collaboration with appropriate agencies in the United Nations system, to provide support and assistance to member countries and keep the participants, family planning and other development programme administrators and research organizations in the region informed of the progress made.

General model of integration determinants and impacts in population planning



Annex I

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Annex II

LIST OF DOCUMENTS

Special project papers:

Organizational issues in extending the Comilla model to the national programme with reference to family planning	M.A. Sattar
Organizational aspects of mass vasectomy campaign approach	B. Ghosh
Integration of nutrition with family planning programmes	K. Srinivasan
Organizational problems of linking the **jamu** distribution project with the over-all family planning programme	W. Sofijandi
Organizational aspects of using headmen and village organization in family planning programmes in East Java, Indonesia	Harsono
Organizational aspects of integrating family planning with rural health programmes, including Bidan project	NorLailyAziz and M. Subbiah
Organizational aspects of integrated MCH/FP in Bohol province	James P. Parado
Organizational aspects of implementing the disincentive policy in family planning in Singapore	Wan Fook Kee
Organizational aspects of integrating family planning programmes with emphasis on the post-partum element	B.P.V.A.J.P. Senaratne
Organizational problems of linking public family planning programmes in Thailand with private voluntary associations	Vudhichai Chamnong
Organizational aspects of the Laguna rural development prototype and integration with family planning	Teresita L. Silva
Integration of family planning with development programmes	Ali-Asghar Zahedi

Background papers:

Organizational aspects of integrating family planning with development programmes in the ESCAP region	Gayl D. Ness
Integrated development programmes can be counter-productive	UNDP Development Support Communication Service

Working paper:

The evaluation of integration in family planning programmes	ESCAP secretariat

Annex III

SUMMARIES OF PROJECT PAPERS

Organizational aspects of mass vasectomy campaign approach*

India's mass vasectomy campaigns of the early 1970s have received a great deal of attention and have been extensively researched. They evolved naturally in the Indian population programme as a way of coping with the magnitude of the problem and the shortage of medical services and of taking advantage of the general acceptance of vasectomy in Indian society. Although the campaigns showed impressive results in gaining acceptors, with Kerala and Gujarat showing especially effective programmes, a number of administrative and organizational problems arose in the early 1970s indicating that it would be difficult to regularize the campaign approach.

The advantages of the campaign approach lay in mobilizing a large number of different government agencies and private persons for a concerted effort (integration before the term had become fashionable). When this task was placed in the hands of high quality leadership in civil administration, as in Kerala and Gujarat, the mobilization was effectively planned and executed. Scarce medical facilities could be mobilized in one place for reasons of economy, higher incentives were given and were widely publicized, public attention was focused on the campaigns, and non-governmental agencies and persons could be drawn in to act as recruiters.

The problems which arose were connected with all of the advantages. Centralized application meant that effective follow-up medical services were often not available. The extra effort that brought all government agencies into one programme implied that some other services were neglected, and that mass campaigns could not be mounted very often; a yearly campaign was too demanding for the administrative services. Acute public awareness implied that any medical complications would also become widely known. The additional incentives sometimes led to abuse. It was also feared that the inclusion of local-level administrators and leaders might lead to a coercive style of recruitment. Extensive research has demonstrated that most of these problems can be considerably reduced by effective leadership and management of the programme.

In its recent changes of population policy, India has moved away from the highly centralized mass vasectomy campaigns and has programmed for a more regular procedure using more decentralized services, with vasectomies provided in minicamps at primary health centres and subcentres on a more frequent schedule.

Perhaps one of the most important findings of the early campaigns that has recently been implemented at the national level is the lodging of responsibility for motivation in civil administration offices and for provision of service and follow-up care in the health department. This in itself produced a considerable increase in administrative performance and showed that family planning services could benefit greatly by shifting their centres of responsibility from the health to the administrative offices.

Organizational aspects of using headmen and village organization in family planning programmes in East Java, Indonesia**

The population of East Java is over 28 million and is scattered through more than 70,000 small villages (**dukuhs**). Much of the population is isolated, health care services are limited and fertility has been high.

The Government has organized a special campaign to create women's family planning groups in all villages and town neighbourhoods. Village headmen are responsible for the establishment and maintenance of these groups. The groups are to meet at least once every 28 days to motivate and serve the members, and are also expected to engage in other activities, such as welfare education.

The national-level central co-ordinating board directs the campaign. At the provincial and district levels technical groups are formed

* Summary of a project paper prepared for the Meeting by Mr. B. Ghosh.

** Summary of a project paper prepared for the Meeting by Mr. Harsono.

to direct and assist the local women's groups. These technical groups are made up of family planning staff, other relevant technical officers, police and military commanders, and community and religious leaders. This promotes integration of technical services in support of the local groups.

A special provincial budget has been established for the campaign, with provision for financial rewards to groups that are especially successful in organizing effective family planning and other types of activities.

Up to March 1976 over 640,000 new family planning acceptors were recruited, which was 115 per cent of the target. Approximately 70 per cent of the acceptors use the oral contraceptive pill, and about 20 per cent use the IUD.

Problems include chronic staff shortages, delays in regular payments and transportation shortages – the same organizational problems that have plagued the Indonesian programme from its inception. However, the high level of political commitment in this campaign, which runs from the province level down to the village headmen, apparently compensates for these problems to produce high levels of family planning acceptance.

Kabupaten Blitar, the most successful region in implementing the family planning programme, has been able to reduce population growth to 1.08 per cent per year.

Organizational aspects of integrating family planning with rural health programmes, including Bidan project*

The Malaysian family planning programme is directed by the National Family Planning Board, which brings together various relevant public and private agencies and directs a specialized independent programme for family planning. The programme was scheduled to extend by stages from urban areas to smaller towns and nearby rural areas and then to the remote rural areas. After covering the urban areas and their rural fringes, the programme moved towards an integration of family planning with established rural health services. Integration was seen as the solution to the massive staff costs of mounting a separate programme parallel to health to reach the remote rural populations, and to the shortage of staff, which led to competition between health and family planning for available nurses and doctors.

Integration did not imply the elimination of the National Family Planning Board and its programme, however. The Board continues to maintain its structure and authority, with certain specialized services, especially in urban areas. Integration is directed by national and state-level co-ordinating committees with specific directives and membership designed to bring together the relevant public and private agencies to direct integration in the rural areas. Integration is being carried out on an experimental basis in eight rural health districts, serving a population of almost 1 million. Two of the experimental districts have been selected for special ongoing studies. At this point, problems lie primarily in the area of staff shortage. Adding family planning tasks to regular rural health services requires larger inputs of both operating and supervisory staff if the benefits of integration are to be achieved.

Integrated health and family planning services have also been provided in the Federal Land Development Authority schemes. These contain planned villages of new landed settlers in what is generally acknowledged to be a highly effective land settlement programme. In both family planning and health output, this programme has been quite successful, with acceptor rates of about 25 per cent of the eligible population.

An additional experimental project is just beginning that will bring intensive MCH/FP services to 21 rural health districts, including the 8 districts previously covered under the experimental integration projects.

Although full analysis is not yet available, it appears that integration produces lower clinic productivity and slightly higher acceptor rates, but lower rates of acceptors among married women of reproductive age (MWRA), than do the non-integrated services.

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* Summary of a project paper prepared for the Meeting by Mrs. Nor Laily Aziz and Mr. M. Subbiah.

Organizational aspects of integrated MCH/FP in Bohol province*

The portion of Bohol province in the Philippines covered by this project contains 21 towns and has a population of about 400,000. Much of the population lives in isolated barrios and the area is quite poor, receives very low levels of public health and MCH services and has a crude birth rate of about 40 per 1,000. The project aims to increase the level of maternal and child health care along with the introduction of family planning to reduce fertility.

A national-level decision was made to launch a pilot project in the region to include family planning in an expanded maternal and child health programme. External assistance from UNFPA, WHO and the Population Council provide funds and technical assistance to supplement the regular Department of Health budget for the area. Total external assistance amounts to about 12 million pesos for a five-year period, added to the regular health budget of about 13 million pesos for the area. A local executive committee was created in the province, comprising all relevant provincial-level technical personnel, to control the project.

Forty midwives and 18 field-workers were added to the 25 midwives and 13 field-workers already in position. These were supervised by the existing 13 medical doctors and 12 rural health nurses.

The new staff were trained along with regular staff in the new procedures of the project. The population was zoned into groups of about 5,000, each to be served by a primary health care centre staffed by a midwife. Midwives are to provide basic maternal and child health care and family planning information and supplies as well as other health services. Referrals are made from the primary unit to the more fully staffed rural health unit clinics. Public health nurses from these units supervise the midwives. Primary health centres are set up in barrio houses, often with local labour building a new centre. An important innovation was the development of a barrio **botica**, or dispensary, for patent medicine run on a private business basis by barrio people. This promises to save large sums that would otherwise be required to supply simple medicines to the primary health units.

Major problems lie in motivating staff. There is resistance to living in remote barrios, to the additional workload, to the additional supervision (both by supervisors and subordinates) and some community resistance to incurring the costs of building a new small clinic.

Although the programme has been in operation for less than a year, it has already about doubled the monthly number of new acceptors, and has provided extensive gains in pre-and post-natal care and in infant immunization.

Organizational issues in extending the Comilla model to the national programme with reference to family planning**

The Comilla Academy for Rural Development in Bangladesh created a powerful new model for rural development from its establishment late in the 1950s. It formed village co-operative societies, headed by local leaders. The Academy acted as a point of external support, bringing government technical officers together with Academy staff to meet weekly with village co-operative leaders. It co-ordinated external resources to assist in the development of strong village-based organizations for self-reliance. (Much of its success was attributed to the excellent leadership of its first director, Akhter Hamid Khan.)

A family planning programme was begun in 1961. It began with locally elected village leaders, or "organizers", in villages that felt a need for the programme. In the first year the organizers concentrated solely on motivation for contraceptive use and achieved little success. Subsequently, more functional tasks were added, such as training in home economics, first aid, literacy and savings. The organizers also established links with schoolteachers and other village leaders, as was done in the co-operative development programme. According to local need and initiative, organizers created a commercial distribution network, used folk media for communication

* Summary of a project paper prepared for the Meeting by Mr. James P. Parado.

** Summary of a project paper prepared for the Meeting by Mr. M.A. Sattar.

and established clinics for IUD insertion. As in co-operative development, the Academy mobilized diverse external resources to support enterprising local leaders. Continuing research and evaluation through the Academy provided for flexibility in the development of the programme. The major known result was the reduction of 27 per cent in the rate of pregnancy between 1959 and 1967.

Problems included a rise in religious objection. This was met when the director wrote and distributed a popular pamplet showing that Islam permitted family planning. Shortage of medical personnel for IUD insertion was solved by training paramedical personnel in the task. Contraceptive distribution was facilitated by creating local commercial outlets. The major problems arose over the attempted rapid extension of the programme to the national level after 1965. Co-ordination of various technical and external resources had been facilitated by the high status and authority of the Adacemy as co-ordinator. Under the expanded scheme, the circle officer, who was in charge, lacked sufficient authority to perform this task.

In 1976 new **thana** (county)-level family planning co-ordinating committees were established. Many portions of the new programme involve the Comilla-type approach of attempting to promote self-reliance at the village level through building strong village councils with elected representatives from different groups in the village. Some of the self-reliance programme attempts are showing good results, but it is as yet too early to know in detail how they will work in the future.

Organizational aspects of integrating family planning programmes with emphasis on the post-partum element*

The first steps towards promoting family planning in Sri Lanka were taken in 1953, when the Family Planning Association, a voluntary organization, was set up. In 1968, the Cabinet decided that the provision of family planning services should be a function of the Government. This decision was implemented by the Ministry of Health through its Maternal and Child Health Division, a unit that was later renamed the Family Health Bureau.

The Sri Lanka Family Planning Project, supported by UNFPA, may be represented as a system, integrating four major project activities: (a) family planning motivation, (b) the delivery of services, (c) training and orientation and (d) information feedback and decision-making.

The first of these, family planning motivation, has three major strategies: population education in schools; the motivation of eligible couples through the Communication Project of the Ministry of Information and Broadcasting; and the use of extension workers in maternal and child health clinics, maternity wards and plantations.

The contraceptives available through the programme cover all modern methods, the most popular being the IUD and female sterilization, especially during the post-partum period. The number of acceptors of the latter method has declined in the last two years owing to the lack of adequately trained staff to perform sterilizations.

Training and orientation programmes are given to assist the medical officers, public health nurses, midwives and other extension workers in motivating people to adopt family planning. Student nurses and midwifery staff are also trained in family planning work.

Information on family planning acceptors is sent from the midwives in the form of a report to the Ministry of Health. This information is then summarized and used at four management levels: the Ministry of Health, the Divisional Action Committee, the Family Health Bureau and the UNFPA Project Implementation Committee.

Organizational aspects of the Laguna rural development prototype and integration with family planning**

The Philippines Business for Social Progress (PBSP), a private foundation in the Philippines,

* Summary of a project paper prepared for the Meeting by Mr. B.P.V.A.J.P. Senaratne.

** Summary of a project paper prepared for the Meeting by Miss Teresita L. Silva.

selected a rural area near greater Manila to experiment with a unified rural development programme that would aim at developing village and municipal self-reliance. The area of action, Laguna, contained 46 villages with a population of about 70,000. The major problems identified were high unemployment, low agricultural productivity, lack of credit and low level of income.

The project organized a field staff of community organizers whose task was to train villagers to organize themselves into "core" groups for self-help projects. Eighty-eight of these core groups have been formed, with specific aims that run from farmers' co-operatives, nutrition groups, young women's embroidery clubs, fishermen's associations and small businesses. The core groups choose their own leaders, who are then trained by the PBSP field staff, who also assist in group development, project planning and management, and establishing links between the core groups and the specialized agencies that provide relevant services. Most groups choose to engage in income-generating schemes, but there is also work in village infrastructure construction (roads, water and electricity). Almost 300 training courses have been held with almost 5,000 trainees; about 75 per cent of this training is in leadership, community planning and management.

At the municipal level, the project has two co-ordinators who have in the last two years reactivated and strengthened the municipal rural development councils, composed of 10 to 30 different government and private agencies, and have provided training in group development and community planning and management.

In October 1976, the local officers of the Population Commission entered into an agreement with PBSP to integrate family planning into the Laguna project and to promote community responsibility for family planning and population education. A target of 15,000 new acceptors for the coming year has been established. The project will motivate village groups to serve as information/motivation centres, service delivery, maintenance and data source centres, establish new barrio resupply points for contraceptive along with the Population Commission's new Total Integrated Development Approach (TIDA) programme, train paramedics in IUD insertion, and undertake educational and promotional work. Barrio population officers are to work alongside the PBSP rural development workers in assisting the village development groups. Co-operation is to be achieved at the municipal and provincial levels as well, through the Population Education Committee of the Municipal Rural Development Council and the Provincial Co-ordinating Council.

Problems of the development programme include shortage of experienced staff, overloads on field staff, and difficulties in working with public agencies whose national priorities may be different from those of the municipal or village development programmes.

Organizational problems of linking the jamu distribution project with the over-all family planning programme*

In order to extend the availability of contraceptives to the more remote rural areas and to promote the family planning message, Indonesia is experimenting with a project to use traditional herbal medicine (**jamu**) dealers to distribute condoms. The idea was generated in the Indonesian National Family Planning Co-ordinating Board (NFPCB) and supported by the United States Agency for International Development (USAID). To facilitate various forms of health and family planning activities certain Indonesian leaders established a "Prosperous Indonesia Foundation" (YIS), which acted as the directing unit for this experiment. YIS, together with NFPCB and USAID, selected a leading wholesaler of **jamu** products, and a local advertising firm for promotion.

NFPCB/USAID provide condoms free to YIS. These are then sold (for Rp 5 per 3 pieces) to the **jamu** company for packaging and distribution to their retailers for Rp 16, who sell them for Rp20($0.04). YIS, together with NFPCB and the local advertising firm, designed the packaging and messages as well as advertising copy and radio commercials, in order to keep control of the message in the national programme offices. NFPCB provided directives for its own field staff to acquaint them with the project and enlist their support. Typical

* Summary of a project paper prepared for the Meeting by Mr. W. Sofijandi.

marketing techniques were used to select packaging, product name and other promotional materials.

The novelty of Government family planning offcers planning campaigns with the Foundation, the advertisers and the wholesalers provided useful learning experiences in family planning. In terms of modern marketing, the **jamu** network lacked dynamic forward planning and promotion, but it was an effective instrument for promotion none the less, and the relationship worked well when the YIS management learned to accept the **jamu** system.

A major problem arose in the supply of condoms. External sources changed brands, which caused some difficulties among both retailers and users. In other respects, however, the experiment has gone well. The over-all aim was to sell 10,000 gross in two years. This number has now been distributed to the **jamu** retailers. Potentials for increased sales are considerable, since a survey showed that a large number of retail dealers were not aware of the availability of the product.

The structure gives ultimate control of NFPCB, so that this project can be appropriately integrated into its over-all programme. Location of direct executive control in the private Foundation permits greater flexibility and relieves the government Board of additional work. The use of a well established distribution system for traditionally accepted herbal medicines facilitates local acceptance of the product and the message. Finally, the limited and specific nature of the project — condom distribution through existing networks — and the use of specialized technically qualified organizations — for advertising and distribution — provide substantial advantages. Integration places minimal demands on the project and it can benefit from appropriate specialized units.

Integration of nutrition with family planning programmes*

The general relationship between health, nutrition and fertility decline is well known and accepted. Low levels of nutrition are associated with high infant and maternal mortality. Low fertility and greater spacing between children are known to be related to higher maternal and child nutrition and to lower levels of morbidity and mortality. No population with high infant and maternal mortality has achieved fertility decline. Similarly, very few societies have achieved low levels of infant mortality without substantial socio-economic development. Further, both increased nutrition and family planning or fertility decline are accepted as goals of social and economic development.

The relationship between nutrition and family planning is, however, far from clear. Some direct effects of increased nutrition will be increased fertility, other effects will be decreased fertility. The idea of linking the two programmes is based on the argument that the nutrition programmes will increase acceptance through the demonstration of infant survival and through enhancement of the image of family planning workers by association with the positive activity of distributing nutrition supplements.

It is noted, however, that the two programmes are different in coverage, specific objectives and costs. Given the lack of certainty of the causal connexions between nutrition programmes and fertility decline or family planning acceptance, and the differences between the two types of programmes, further integration of the two should be based on clear empirical findings of the actual relationship.

Observation of an experimental nutrition programme and control groups in India showed three clear findings. First, the nutrition impact of the programme was marginal or non-existent, largely because recipients tended to share food with other family members and there was substitution of regular food. Thus, there was no difference in nutrition levels between the experimental and control groups. Second, there was no difference in the two groups in the level of infant and pre-school mortality. Finally, there were no real gains in family planning acceptance in the experimental group. On the other hand, large gains in family planning acceptance in the experimental group were recorded as a result of an enhanced family planning programme that put responsibility in the hands of non-health administrative offices.

* Summary of a project paper prepared for the Meeting by Mr. K. Srinivasan.

These findings indicate that nothing is to be gained in increased family planning acceptance from linking it with a nutrition programme. It is suggested, however, that nutrition supplements might be given to family planning acceptors both as an incentive for acceptance and to help to ensure the survival of children in accepting families.

Organizational problems of linking public family planning programmes in Thailand with private voluntary associations*

In Thailand the many different public and private agencies that work in the area of family planning are brought together under a National Family Planning Committee. To achieve greater co-ordination between these various units, especially between government and private agencies, the Committee proposed the formation of a National Family Planning Co-ordination Centre at the end of 1975.

At present the Co-ordination Centre is directed by an Executive Committee, which is a sub-committee of the National Family Planning Committee. The specific responsibilities and authority of the Centre have not yet been given in government directives, nor is a separate budget yet established. The Division of Family Health, which has major governmental responsibility for the family planning programme, provides the executive secretary for the Centre. The major activity at present is a survey of the structure and processes in the various agencies that deal with family planning activities. Without a clear policy mandate or budget, the Centre will remain merely a body for gathering information on the various agencies involved. The future of the Centre is as yet quite unclear.

Organizational aspects of implementing the disincentive policy in family planning in Singapore**

Singapore contains a densely settled population with relatively high levels of income, health services and literacy. The Government established a long range goal of zero population growth, and a short run goal of a crude birth rate of 18 per 1,000 by 1975. An extensive public programme providing family planning services along with maternal and child health services was established in 1966. After impressive results in fertility decline, the programme was broadened in 1969/70 and in 1972 to include a series of economic disincentives for high fertility. The disincentives provide for increased delivery and clinic fees, loss of priority in choice of schools and in public housing, loss of maternity leave, and loss of tax deductions with increasing parity.

The first-line organizational problems for disincentives lie in monitoring the application of the disincentives by providing clinics, hospitals and schools with valid information on numbers of children born to individual families. The problem was addressed first by survey that tested the validity of individual reports given by families seeking clinic services. The results showed overwhelming truthfulness in reporting. In addition, estimates of costs of detailed monitoring showed these would be exceptionally high. Thus, the organizational problems were found to be negligible and the system relies largely on individual reporting.

Extensive interagency communication and co-operation is achieved largely through informal means. The Singapore public service does not appear to have serious problems with communication or co-operation failures among various specialized agencies or officials.

Results of a 1973 national sample survey indicate that the population is acutely aware of the disincentives, especially as far as delivery fees and school choice are concerned. The programme achieved its target of a crude birth rate of 18 per 1,000 by 1975 and impressive declines in fertility have been registered, along with very high rates of contraceptive use. In general, it appears that the disincentives have been effective, but it is not possible on the basis of current evidence to estimate the specific impact the disincentives have made on the fertility decline.

Integration of family planning with development programmes***

When the national family planning programme was introduced in Iran, the country had a

* Summary of a project paper prepared for the Meeting by Mr. Vudhichai Chamnong.

** Summary of a project paper prepared for the Meeting by Mr. Wan Fook Kee.

*** Summary of a project paper prepared for the Meeting by Mr. Ali-Asghar Zahedi.

population of about 26 million, its annual growth rate was around 2.9 per cent and 70 per cent of the population lived in relatively isolated rural area. Major responsibility for family planning was lodged in the Ministry of Health with an Under-Secretary for Health and Family Planning. In addition, 29 separate public and private agencies work in various types of family planning activities. Co-ordination of these agencies is achieved mainly through a High Council for Co-ordination of Family Planning.

The Ministry of Health provides the largest amount of family planning work, accounting for about 75 per cent of the country's total acceptors. To reach the more remote villages, Iran has pioneered the use of military draftees in a Health Corps. Both men and women serve in the Health Corps during their two-year period of national service. The Corps first included only males and was placed in a relatively autonomous body directly under the Ministry of Health. Better integration was achieved when females become liable for national service and were assigned to a Women's Health Corps, and when both Corps were placed directly under the Under-Secretary for Health and Family Planning.

Recruits are given six months of training, largely in health and family planning, but with some military training as well. The Family Planning Division has full responsibility for the relevant portions of the training. After training, members serve under the Ministry of Health for the remaining 18 months of their service.

Health Corps members are stationed in about 400 mobile health teams that serve the more remote rural areas. The teams are stationed in one village and make scheduled visits to other villages in a radius of 12 to 15 miles. Women's Health Corps members provide motivation and service to women family planning acceptors. The teams are well accepted in rural areas, where other national service groups have also been organized into various development programmes. With full control over training, distribution and supervision of Health Corps members, the Ministry has no problem in linking them closely to the family planning effort.

Part Two

BACKGROUND PAPER OF THE EXPERT GROUP MEETING

ORGANIZATIONAL ASPECTS OF INTEGRATING FAMILY PLANNING WITH DEVELOPMENT PROGRAMMES IN THE ESCAP REGION *

I. BACKGROUND

HISTORICAL DEVELOPMENT AND DEFINITION: INTEGRATION AS LINKAGE

The Governments of the ESCAP region as a whole were the first to perceive rapid population growth as a major social problem amenable to national governmental action. In 1952, India was the first country to establish a national fertility control programme, although it was not until a decade later that the programme received significant attention and inputs. In the early 1960s, many governments in the region clearly perceived high fertility as an obstacle to development and moved to create national family planning programmes to overcome the obstacle. By the time the United Nations focused attention on the problem by creating the Fund for Population Activities, three fourths of the ESCAP member countries, representing about 80 per cent of the total ESCAP population, had made the important political decision to establish national family planning programmes.

The specific set of forces that converged in the early 1960s to produce this change had important implications for the structure and orientation of government attempts to attack the problem of rapid population growth. Part of the impetus came from the strong commitment to economic development and from the fact that Governments in the region assumed a major responsibility for promoting economic development. In addition, the growing capacity of Governments to monitor social and economic changes, and especially the growth of census and population survey capacities, sharpened the perception of the magnitude of the problem of rapid population growth. These forces led Governments to assign responsibility for population control to the specialized bureaucratic elements that were also being mobilized for government action in stimulating economic development. Family planning thus became the responsibility of specialized, limited-purpose administrative units. The approach was to be a typical bureaucratic approach.

The development of new contraceptive technology in the early 1960s added another powerful impetus for Governments to decide upon national family planning programmes. The medical character of the new technology - the drug and surgical properties of the oral contraceptive and the IUD - quite naturally led to the responsibility for family planning being lodged in ministries of health.

Family planning programmes thus emerged first as post-partum and maternal and child health programmes, which implied clinic-based contraceptive distribution to individual women at risk.

Although the new programmes were extremely limited in scope, they offered considerable hope for rapid solution to the problem of population growth. With the leadership of the high-status medical profession, a relatively well developed public health distribution system, and the new "miracle" contraceptive technology, success in fertility reduction seemed assured.

By the beginning of the Second United Nations Development Decade, however, the high hopes for rapid success began to fade. Family planning programmes had been established, clinics had been opened and new acceptors were being recruited, but these failed to meet the original high hopes for rapid fertility decline. At the same time, more detailed projections of future requirements in housing, education and employment showed more clearly the rapidly mounting costs of population growth. As the magnitude of the problem increased, the hopes for a solution seemed to recede, generating a new sense of urgency around the population problem.

Two general lines of action have emerged in response to the newly defined sense of urgency. On the one hand, there has been a steady and cumulative attempt to rationalize the existing programmes of limited scope. This has taken the form of systematic exercises to plan programme targets, upgrade such technical tasks as service statistics collection and staff training and improve management processes. This is an ongoing process in which ESCAP has provided consi-

* This document was prepared by Mr. Gayl D. Ness, consultant, as a background paper for the Meeting.

derable leadership.[1] In addition, however, there has been interest in extending the scope of family planning programmes beyond limited clinic-based contraceptive distribution to individual women at risk. One specific set of suggestions under this larger category has far-reaching implications; it is to integrate family planning with other activities.

The term "integration" seems first to have been used in a proposal to integrate family planning with maternal and child health programmes.[2] In this proposal, the term had a specific and limited meaning; it implied a linkage of the two functions through the organizational fusion of the two units, and the loss of separate organizational identity for family planning. Since that first proposal, the term has been used in a much wider and far less precise sense. The most recent use appears in the recommendation of the ESCAP Committee on Population at its first session that family planning be included in a fully integrated rural development programme.[3]

This broader use of the term raises many questions as to its meaning, the organizational implications and especially the evaluation of integration as a strategy for promoting social and economic development broadly conceived and including attention to fertility reduction. One solution to these questions is to reserve the term "integration" for those strategies that imply fusion of units and the loss of separate organizational identity for family planning. This solution makes a distinction between integration on the one hand and co-ordination and co-operation on the other, which imply continuation of distinct organizational identity and the utilization of other less stringent organizational changes to effect the necessary linkages.

We argue here that this solution is less than satisfactory because it fails to distinguish between the structure and the process of integration. It defines integration only with reference to a structural characteristic and thus fails to ask questions about the variations in the processes of the linking actions. We prefer a definition of integration that focuses upon the processes of linking different specialized activities.[4] This tends to focus attention directly on the quality and the quantity of linkages: how many tasks or operatives are linked? what is the quality of their interaction? how often, for how long and for waht specialized actions are the tasks or operatives brought together? and what is the effect of variations in linkages on programme performance? This strategy of focusing on the process does not neglect the issues of structure, but it does imply that structural variations are considered determinants of variance in the process. Thus we are led to ask what kind of structures provide the most effective linkages for the problems at hand.

REGIONAL SURVEY OF INTEGRATED PROGRAMMES

There is within the ESCAP region today a rich variety of programmes and projects that can be called "integrated" in that they involve extensive linking of a variety of differentiated tasks. Many of these are formally designed programmes or projects established on the bases of clear policy decisions and involving formal processes of project formation. Family planning is integrated with MCH services in Singapore; it is being integrated with rural health services in Malaysia; private medical doctors are integrally linked to the family planning programme in the Republic of Korea; India vasectomy campaigns integrate a wide variety of government services in massive one-time efforts; India, Indonesia and Sri Lanka link the private commercial market with family planning in formal programmes for condom distribution; Indonesian and Philippines programmes are organized under nationwide co-ordinating structures that aim to link a wide variety of public and private agencies for a concerted programme; the Republic of Korea includes family planning services in eroadly-based rural deve-

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1/ ESCAP Population and Social Affairs Division, "Major policies and programmes in family planning in the ESCAP region" (E/ESCAP/POP/1/L.4), prepared for the Committee on Population, first session, 29 June-5 July 1976, Bangkok; see also "Report on ESCAP activities in the development of management and evaluation aspects of family planning programmes in the region", presented at the WHO/WPRO Regional Seminar on Evaluation of Family Planning Programmes, 2-8 October 1975, Manila, Philippines.

2/ Howard C. Taylor and Bernard Berelson, "Comprehensive family planning based on maternal and child health services: a feasibility study", *Studies in Family Planning*, vol. 2, No. 2, February 1971.

3/ See E/ESCAP/5.

4/ United States Government, Department of Health, Education and Welfare Social and Rehabilitation Service, *Integration of Human Services in HEW: An Evaluation of Services Integration Projects*, (SRS) 73-02012, (Washington, D.C.).

lopment programmes under its New village Movement; Indonesia integrates village headmen and village organizations into a concerted family planning effort. This list is greatly abbreviated, but it illustrates the rich variety of integrative types ofprogramme activities under formal, planned operation in the region.

There is also a rich variety of what can be called more informal integrated activities to be found in the region. A group of village leaders in Indonesia has developed a local insurance scheme, in which productive activities and social service schemes, including family planning, are put together in one concerted effort. A local doctor in Bangladesh, working out of his clinic, helps to organize medical, public health and family planning programmes along with a credit co-operative and a farmers' association. A provincial Philippine university operates a rural clinic service along with its agricultural and home economic extension service. These are all innovative attempts by energetic local leaders to bring people together to help themselves to engage in the wide range of productive and distributive activities required to better their lives. The ESCAP region is also rich in this local leadership resource, which is developing informal integrated programmes for human betterment.

THE THEORETICAL FOUNDATION OF INTEGRATION

The interest of integration as extending the scope of family planning programmes raises the question of why extending the scope should be expected to enhance the capacity of programmes to reduce fertility. What are the theoretical foundations of this expectation? It is useful to attempt to make explicit the range of assumptions that lie behind the thrust for integration in order to gain greater clarification of the questions that must be asked in the evaluation of integrated programmes.

The current arguments for integrated programmes generally propose integration because of the conditions demanded by fertility control or development, or because of capacities to supply those requirements in the form of technical services and supports in government programmes. We can thus consider the arguments that appear on both the demand and the supply side of the issue.

On the demand side, it is often argued that human reproduction is not an activity that can be isolated from other human activities. Reproduction is integrally linked to a wide array of other activities, which are in fact integrated in the human life system at the individual, group and community levels. Thus, reproduction is linked to such things as infant mortality[5/] and morbidity, child care, family structure, the organization and technology of production, property rights, inheritance and old age protection. If all of these activities are highly integrated with one another, an approach that seeks to change only one, in isolation from the others, will probably fail. The object of change cannot be a form of activity considered in isolation from others; it must be the system of activities that has an integrated quality in human organization. Thus, the integration of human behaviour demands an integrated approach to changing that behaviour.

This reasoning also implies, however, that there can be variance in the extent to which different human activities are integrated or linked with one another in the life system. For example, reproduction is usually found to be closely linked with infant mortality, inheritance, property rights, family structure and the technique of reproduction, but far less closely linked with, say, the technology of transportation or the patterns of external trade. Recognition of this variance is in part what lies behind the original integration of family planning programmes with post-partum care and with MCH. This type of integration appears to assume that fertility is more closely integrated with maturation and with child care in the human life system than it is with trade patterns, or even with agricultural organization.

There is another dimension on which there is variance in the extent to which reproduction is linked with other human activities. It is widely observed that urban people accept fertility control more readily than rural people. One rea-

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5/ There has been extensive work on the impact of mortality on fertility. For some recent studies, see two articles in *Population Studies*, vol. XXX, No. 2, July 1976: A.L.M. Chowdhury and others, "The effect of child mortality experience on subsequent fertility: Pakistan andBangladesh", pp. 249-262, and C.E. Taylor and others, "The child survival hypothesis", pp. 263-278. See also Frank W. Oechsli and Dudley Kirk, "Modernization and the demographic transition in Latin America and the Caribbean", *Economic Development and Cultural Change*, vol. 23, No. 3, April 1975, pp. 391-420.

son for this is assumed to lie in the more "modern" attitudes and the more extensive access of urban people to knowledge about alternative life-styles and techniques for altering life-styles. A related explanation rests on the assumption that children are more of an asset to rural people and more of a liability to urban people. This is simply another way of saying that reproduction is linked more extensively with a wider variety of other activities for rural people than it is for urban people. The integration of behaviour patterns is greater among some groups than among others.

If integrated programmes are required because human activities are integrated with one another, and if the degree of integration in human activity varies, then the degree of integration of programmes necessary to achieve success in fertility control must also vary. Thus, perhaps there should be more integration of family planning programmes with other development programmes for rural people than for urban people. More important, perhaps, the specific mix of activities with which family planning is integrated should match the pattern of activities most closely integrated with reproduction in any given situation. For example, where infant mortality and morbidity are especially high, linking family planning with MCH or parasite control might provide the highest return for programme inputs. Where infant mortality and morbidity are low, and where there is a large proportion of children actually attending school, it may be more beneficial to integrate family planning with some form of educational planning.

There is still another way in which the consideration of the demand side raises important questions for integrative strategies. What is required for change is in part determined by the specific goals of change. For example, the specific goal of good obstetric care may require that major attention be focused only on providing sterile conditions, well-trained obstetricians and a good anaesthetist. If the goal is more broadly defined as maternal and child health, then a wider range of skills or services must be added to the above list, ranging from ante-natal care to nutrition, education and pediatrics. The range of skills and services is even broader if the goal is family health, and the more recent formulation of goals in terms of rural development probably implies that all available forms of service and skills must be brought together to achieve the goal.

Part of the current demand for more integrated development programming undoubtedly arises from something like a process of goal inflation, which we have observed over the past two or three decades. It is clear that industrialization was an overriding goal in development orientations in the early 1950s. By the early 1960s, fertility control and agricultural development became important elements added to the industrialization goal. By the early 1970s, goals were stated in the much more inclusive terms of an over-all rise in the quality of life.

The mere statement of goals in the broadest possible terms, however, does not necessarily imply that all the required inputs for this change must be linked in the same way and to the same extent. The specific mix of requirements and the specific way these are linked (i.e., what is to be integrated and how much) still must depend upon what activities are closely linked in systems of human behaviour. The services linked should be designed to fit the specific clusters of closely linked behaviours in the specific human life systems that are the target of change.

From a consideration of the supply side (i.e., what skills and services are available to promote change), we arrive at much the same point; the specific mix of integrated activities should be determined by the specific character of the problem faced.

We begin with the observation that specialization has distinct advantages because it permits the high development of skills. This is in part because many skills are complex and require much time and effort to master. It requires much specialized training to produce a good obstetrician, midwife or agronomist. At least up to a point, the level of skill achieved is determined by the amount of specialized training. Further, as skills become more complex and are based upon a richer store of knowledge, they will require more training to master. Four years of medical training probably produces a better obstetrician than would one year of training; and it seems that more training is required today than a century ago to produce a "qualified" obstetrician. The advantage of specialization also derives in part from the fact that skills improve with practice. An experienc-

ed glass-cutter works faster and breaks less glass than does an apprentice. An experienced obstetrician is probably better at detecting and providing for birth complications than is a new intern.

Specialization also requires a division of labour, however. The advantages of training and practice can be gained only if one person does not have to do everything. But this also implies that the advantages of specialization can only be gained if the specialized skills are linked with one another to produce the full complement of skills required by any problem. It only makes sense to develop highly specialized skills in obstetrics if the obstetrician can count on the close assistance of an equally skilled anaesthetist and laboratory technician for blood analysis. Good obstetric care is provided only by the full complement of these highly specialized skills.

Linking specialized tasks in turn involves some costs; it is never achieved without some detraction from the specialization. Bringing together specialized tasks requires either that the specialists themselves learn to communicate and co-ordinate their tasks with those of other specialists, or that a superordinate role be created to orchestrate the different skills. Learning to co-operate and communicate requires some time and effort, and a superordinate role itself represents a cost in manpower, time and energy. Any observation of costs immediately implies some variance, and indeed the costs of integration are known to vary. Extensive organizational experience suggests that the cost of linking specialized tasks depends upon the differences between tasks, the number of tasks that are being linked and the extent to which they are to be linked.

There is less cost in linking the obstetrician and the anaesthetist than in linking, for example, the obstetrician and the agronomist. The cognitive distance between the first two is slight and the training of each involves many of the same fundamental skills (such as human physiology). The latter two are cognitively much more distant and the training involves very different basic skills. Thus, we should expect the costs of linking to vary directly with the difference between the tasks being linked. Similarly, the larger the number of tasks being brought together, the higher will be the cost of linking them.

The cost of linking different tasks is also determined in part by the extent, or scope and intensity, of the linkage desired. Tasks may be linked so that all aspects of the tasks - planning, scheduling, executive reporting and evaluating - will be carried out together. Or they can be linked so that their separate operatives merely meet occasionally for exchanges of information. The former obviously involves higher cost than the latter.

There is a fourth and more subtle dimension of variance that can be identified, although its cost implications are by no means clear. Linkages can be said to vary in quality. For example, if linkage is to be effected by instructing two task operatives to meet for exchanges of information, we can easily envisage variance in the quality of the information flow. If the two operatives know and trust one another and are familiar with the task of the other, it is likely that a great deal of useful information will flow between them. If they do not know one another, have some reason to distrust one another, and do not know the character and demands of the other's task, the information flow is likely to be both small and not useful. It is not at all clear whether it is more costly to achieve a higher quality of linkage, although it does seem clear that the quality of the linkage is positively related to outcome or performance.

It is important to note that these four dimensions of variance in linkage of specialized activities refer to interactive processes that are subject to empirical observation and measurement. We can count the number of activities linked, assess their cognitive and technical distance from one another, the extent to which they are linked and the quality of the linkages. Further, this assessment can be done independently of the analysis of the structures within which the linkage occurs. It is here that we feel that the attempt to distinguish integration from co-ordination and co-operation by definition can be misleading. The definition speaks to the issue of structure, or authority, and appears to make assumptions about processes, especially about the extent and quality of linkages associated with different structures. When the term "integration" is reserved only for cases of organizational fusion, there appears to be an underlying assumption that this structure produces the most extensive and highest quality of linkage, regard-

less of the number and difference of the tasks being linked. Similarly, the terms "co-ordination" and "co-operation" appear to imply less extensive (and possibly lesser quality) linkages - again, regardless of the number and difference of the tasks being linked.

If integration implies the fusion of separate organizations responsible for performing different tasks, there is really only one thing that follows directly from this implication. It follows that the new integrated organizational structure will have the claim to resources intended for the originally separate sets of tasks. It does not follow that a larger number of different tasks will be more extensively and more effectively linked. The variance in the linkages is an empirical question, and the relation between linkage variance and organizational structure is also an empirical question. Both questions deserve systematic empirical analysis. These questions will be more effectively approached if we keep separate the issues of organizational structure and the issues of the process of task linkages.

Our examination of the theoretical underpinnings of the interest in extending the scope of family planning programmes can be summarized in the form of specific empirical questions to be asked, and the propositions that are related to those questions.

From the demand side, we can ask:

(a) What human behaviours are the targets of programmes to produce change?

(b) To what other behaviours is the target behaviour closely related? (From this we drew the proposition that, where behaviour patterns are closely linked in clusters, approaches to change these behaviours with a package of services or skills matching all behaviour in the target cluster will be more effective, or more beneficial, than approaches with a more limited array of services.)

From the supply side, we can ask:

(a) What tasks or roles are to be linked?

(b) How many different tasks are to be linked? (Proposition: the larger the number of tasks to be linked, the higher the cost of the linkage.)

(c) How different are the tasks that are to be linked? (Proposition: the greater the difference in the tasks, the higher the costs of linking them.)

(d) How extensively are the tasks to be linked? (Proposition: the more extensively tasks to be linked, the higher the cost of linkage.)

(e) What level of quality (e.g., of the information flow) is desired in the linkage of different tasks? (It is unclear whether higher quality implies higher cost.)

Finally, we argued that the issue of the linkages of specialized tasks is at least analytically distinct from the issue of the organizational structures or strategies designed to produce linkages. It is to those organizational strategies that we must now turn our attention.

II. ORGANIZATION

ORGANIZATIONAL STRATEGIES

The development of any linkages requires some form of organizational strategy. By organizational strategy here we refer to the solution of three interrelated organizational problems. The first is the problem of what formal structure is to be created; the second concerns the authority that is to be given the roles in that structure; and the third concerns the resources that are to be provided to the elements of the structure. We can draw upon the experience of the ESCAP region to examine these problems and some of the solutions that have been offered in the past.

This use of past ESCAP experience reminds us that the interest in broadening the scope of government programmes is not unique to family planning, nor did it begin only in the past few years. In most countries of the region, independence from colonial rule was attended by massive new attempts to use government structures to promote economic development. These attempts typically involved the use of new organizational strategies designed to provide new linkages among the variety of specialized services that the new Governments

inherited. [6] A common criticism of colonial administrative services was that they had become highly specialized and differentiated but were not effectively integrated. They were certainly judged not sufficiently integrated to perform the new and urgently demanded tasks of stimulating widespread development. Thus, the earliest development programmes typically involved new organizational strategies explicitly designed to integrate existing bureaucratic structures. Subsequent programmes for rural development, community development or educational development carried many of the same underlying arguments: existing specialized services had to be linked more effectively to stimulate modern development. Many of these past programmes provide useful experience on the structural, authority and resource problems involved in integrating specialized services.

STRUCTURES

Organizational structures refer to specified collections of tasks or roles. It is this structure that is illustrated in the formal organizational chart. We can distinguish at least five common solutions to the problem of providing a structure to effect new linkages between specialized services. These are not mutually exclusive, and often we find two or more solutions in combination. The five are (a) creation of a new low-level linking role, such as the multipurpose village worker; (b) creation of a new intermediate-level linking role, such as state, district or provincial development officers; (c) the expansion of an existing supervisory role to include more specialized tasks; (d) linking specialized tasks through the establishment of technical work groups; and (e) linking specialized tasks through the establishment of local committees of participants in the development process.

(a) **Multipurpose village workers.** The region has seen a large number of community development programmes begin with the creation of a new co-ordinating position at the village level. The multipurpose village worker has been conceived as a role that could help villagers identify their felt needs and then link villagers more effectively to those government agencies that can assist in meeting those needs. The worker supposedly will be knowledgeable about the variety of government services available, and can call upon technical agents to help villagers to meet their needs. The strategy also implicitly recognizes that various behaviour patterns at the village level do in fact cluster together and that the worker close to the village can identify those closely-knit clusters and can bring together the appropriate package of services to assist in the change of those behaviour patterns. This structure also implies that the various specialized services can best be lift in their own individual (non-integrated) organizational structures and that the worker can bear the costs of bringing together highly disparate skills.

The problems and weaknesses of the multipurpose village worker strategy are more prominent than the successes, and, certainly for our purposes, the weaknesses are more interesting for what they tell us about the organizational needs of linkages. Where the worker is considerably below the specialized agents in technical training, education, salary and status, the task of co-ordination is rendered extremely difficult. In this case, we can say that the structure is not adequate to the demands that arise from the technical and cognitive distance between the skills that are to be linked. In addition, multipurpose workers are often found to be ineffective when they come from urban backgrounds, with little more than secondary education. In this case, their lack of familiarity with village conditions makes it difficult for them to indentify the specific clustering of behaviour patterns that are closely linked. Where multipurpose workers are older and have more direct rural experience, they are often found to be more successful. [7] Apparently what they lack in technical training is balanced by the utility for specialized agents of their intimate knowledge of village affairs. In effect, by knowing what types of behaviour patterns are closely clustered together, they can provide useful maps of how agents can introduce useful changes in those behaviour patterns.

(b) **New intermediate-level co-ordinating roles.** A variant of the multipurpose village

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6/ Gunnar Myrdal has discussed some of the ideological roots and the organizational implications of this in *Asian Drama* (New York, 1968), especially in vol. II, part IV, chaps. 15-18.

7/ This is found, for example, among family planning field motivators in the Republic of Korea's family planning programme.

worker is found in the creation of new co-ordinating positions at levels considerably above the village. The Malaysian state development officer and the Philippine regional population officer provide good illustrations of this strategy. There are considerable advantages in creating new upper-level posts. New posts can be provided with new and more powerful job descriptions; they can also be used to reward government officers for superior performance in development activities. Since these are upper-level positions, they can be staffed with more senior civil servants, who have sufficient experience and status to bring together highly disparate technical skills. Beyond this, the determinants of success in this strategy appear to lie in the authority and resources given to the role, issues which are discussed in the next two sections. Since these roles are generally rather far removed from the level of normal daily life, their operatives are not in a good position to identify specific clusters of closely-linked behaviours and to design matching clusters of specialized services. For this information they must rely on subordinates closer to the ground, as it were. This means, then, that the success of the strategy also depends on the contacts made and the information that comes from their subordinates in the field.

(c) **Expansion of existing supervisory roles.** A considerable variety of illustrations of this strategy is available. Where family planning is "integrated" with MCH or rural health services, a clinic supervisor or chief medical officer may simply be given additional responsibility for supervising the new task. Similarly, in new rural development programmes, the existing district officer may have his supervisory role expanded to include that of bringing together the full range of government services available at the district level. In these two cases we see the recognition of the importance of the technical and cognitive distance between specialized skills. The training and experience of the chief medical officer provide a sufficient range of skills to permit the officer to bring together certain family planning and medical services. But the high degree of specialization also limits the officer's capacity to bring together a wider range of skills outside the medical field. When a wider range of skills is to be brought together, as in rural development, it is typical to use the more broadly trained administrative officer. That is, where the skill distances are slight, they may be effectively brought together by a highly specialized officer (whose specialization includes the skills in question). Where a wide range of highly disparate skills are to be brought together, there is a natural tendency to use the administrator, whose skills lie more in effecting linkages than in any specialized technical area.

(d) **Technical work groups** are used extensively to link specialized activities in government and industry. Such groups take the form of the task force when they are brought together for a specific task over a limited period of time; they take the form of working committees when they are designed for longer-term routine action. Industry uses this organizational structure in what has come to be called programme or project management.[8/] In Malaysia, the district state and federal rural development committees under Tun Razak's rural development programme provide a dramatic illustration in the ESCAP region.[9/] It usually leaves specialized officers in their existing agencies and brings them together periodically for planning and assessment sessions.

When these work groups are effective, there appear to be two major advantages to this strategy. First, they provide for a great deal of relevant information flow between specialized agents. The information concerns both the technical organizational problems of scheduling work and resource flows, and the more general information on the client population or the environment that is gathered by each of the special agents. The second advantage lies in the reduced costs of reorganization. Since the strategy maintains the existing organizational structure of specialized agencies, it does not require the mobilization of special political, administrative and financial resources to break down existing boundaries and create new structures.

8/ See, for example, J.A. Litterer, "Programme management: organizing for stability and flexibility", *Personnel*, vol. 40, 1963, pp. 26-35. For two more recent and extensive treatments of issues in programme management, see David I. Cleland, *Systems Analysis and Projects Management* (New York, 1968) and Leonard R. Sayles, *Managing Large Systems: Organizing for the Future* (New York, 1971).

9/ Gay I D. Ness, *Bureaucracy and Rural Development in Malaysia* (Berkeley, 1967).

This type of structure also provides for relative ease of monitoring, as upper-level leaders can readily ascertain how often the groups meet and what kinds of output result from the meetings. This also implies, however, that constant inputs of effective leadership, at both the level of the committee and the supervisory levels above the committees, are required to make the meeting process effective. There is considerable evidence that, when such leadership is highly committed to the linking processes, the committees work quite well; but when upper-level leadership is not deeply committed, the committee structure can easily fall into disuse. 10/

(e) **Local participant committees.** One of the common arguments of rural development projects is that they should include the active participation of the local members of the community who are both the subjects and the objects of rural development programmes. A typical mechanism for promoting such participation is to set up village committees, or other special interest groups, such as farmers' associations, co-operatives or mothers' clubs. Such groups are organized in part to generate the active involvement of local people in identifying their needs, assisting in meeting their own needs and providing a concerted target to which specialized services can be brought to the population.

Perhaps one of the most common lessons to be learnt from the experience of such committees is that homogeneity is better than heterogeneity. Many community development programmes have discovered that village committees that include the entire range of village interests often perpetuate local power structures. One of the unfortunate consequences of this perpetuation is that rich or powerful local interests use the committee strategy for their own limited interests. Thus, self-help projects often simply use free village labour to build roads and other amenities for the powerful or wealthy villagers. An important innovation of the Comilla programme was the decision to work with homogeneous groups of villagers (owner-operators, village artisans or transportation workers). The Republic of Korea uses this strategy in creating mothers' clubs for family planning and other related projects, and China uses planned birth committees, including married couples of reproductive age, for local participative control of fertility.

Thus, the experience seems to indicate that local participant committees work best when they are built around clusters of human activities that form the target for a particular type of change. When the committees cut across these natural clusters of behaviour, they are far less successful in stimulating change.

There is an additional problem commonly observed in attempts to integrate disparate activities for which certain structural arrangements can provide a solution. It is often observed that staff normally tend to develop a sense of loyalty to their own specialized unit, and this loyalty produces a resistance to working together with staff from other specialized units. 11/ The resistance has both cognitive and affective aspects. The specialized training of any staff produces a language and orientation that are somewhat limited to the specialized task at hand. Thus, specialization often increases the difficulties of communication between different technical roles because technical languages differ. In addition to the cognitive difficulties, however, we often find that when staff develop a sense of loyalty to their own organization they may feel threatened at the prospect of working with other units. It is not uncommon for people to feel that working with another unit might take resources away from their own; that the glory and honour might go to the other unit and that their own unit will only give time and effort and will not be rewarded.

A good deal of social science analysis has identified the more general character of this problem in the distinction between "locals" and "cosmopolitans". Locals are those whose primary attachment is to a specific unit or place. They tend to see their futures closely tied to the specific unit and to orient themselves to others largely in terms of the special character and need of their unit. They often, also, show a tendency to be suspicious or distrustful of outsiders and to interact less with outsiders

10/ This is a strong finding in both the Malaysian rural development study, *Ibid.*, and in the HEW evaluation of services integration, *op.cit.*

11/ R. Laily Webster, ed., "Integrated communication: bringing people and rural development together", Report of the International Conference on Integrated Communication for Rural Development at the East-West Communication Institute, 2-6 December 1974 (Honolulu, East-West Center, 1976), p. 173.

than with insiders. Locals tend to come from less varied backgrounds, to be less educated and to have greater difficulties in understanding the point of view of others. Cosmopolitans tend to come from more varied backgrounds, to have higher education and to be less oriented to specific units than to professions or broad skill groups. Cosmopolitans attend professional meetings and hold office in professional associations; they tend to read more and to have greater access to a wider variety of experiences. In effect, they interact more with outsiders and tend not to be distrustful of them. The problem of organizational loyalties developing to resist interunit co-operation is, by this distinction, far more a problem of locals than of cosmopolitans.

Structural arrangements can promote the development of more cosmopolitan orientations and thus reduce some of the resistance to integration or co-operation that derives from unit loyalty. A large-scale reorganization of agricultural administration in Puerto Rico during the 1950s and 1960s was advanced by the island's professional agricultural association, which provided a forum for specialized staff to explore and develop effective lines of communication with one another.[12/] Professional associations tend in any event to be associated with cosmopolitan orientations. The encouragement of such associations and the encouragement of staff to join and attend meetings can promote broader orientations among staff and assist very generally in developing a wide range of co-operative linkages. Similarly, the technical committees or work groups described above promote a more cosmopolitan orientation among staff, opening them to new ideas and facilitating co-operation with other specialized units and agents.

AUTHORITY

Specialized structures are only as good as the work that is put into them. To operate in our normally bureaucratized environment, any structure requires a clear mandate, or some authority with which to direct personnel and tasks. Authority is typically generated in a bureaucratic setting by established rules and specific directives. Job descriptions typically include statements of to whom and for what tasks, persons and resources the incumbent is responsible. Who reports to whom and who directs whom are some of the more apparent elements of roles in a typical bureaucratic setting. (The actual operating rules and procedures may not be the same as the written ones, but they are none the less well known and are usually fairly visible.)

One study of the integration of human services [13/] identified three types of authority structures for providing linkages between specialized activities:

(a) **Voluntary co-ordination** involved cases where an integrator was responsible for the direct delivery of some services as well as for developing linkages with other services over which it had no direct authority. The success of this strategy depended greatly upon the quality of leadership and the persuasiveness of the leader in the local situation. In the ESCAP family planning experience we often find this situation when government programmes are linked to private voluntary family planning associations;

(b) **Directed co-ordination** is the name given to cases in which "the integrator has the authority to mandate the development of linkages between legally subordinate service providers". This is typically found in structures we have identified above as technical work groups and expanded role responsibilities;

(c) **Mediated co-ordination** is the name given to cases in which a mediating role is created or an existing role is given the direct responsibility for creating linkages. This is illustrated in what we have called above the intermediate-level co-ordinators and, in some cases, in the technical work groups.

When a new programme or set of activities is generated, an important task consists of delineating clearly where the authority shall lie for what tasks. An integrated programme will thus require some clear statements from higher bodies of what are to be the authorities and responsibilities of the various units to be inte-

12/ See Guillermo Irizarry, *The Operations and Relations of the Agricultural Services in Puerto Rico* (San Juan, Puerto Rico, 1961); see also Gayl D. Ness, "An experiment in administrative research", *Role of Surveys and Studies for Family Planning Programmes Management and Development*, Report of a Regional Seminar, Asian Population Studies Series, No. 24.

13/ HEW, *op.cit.*

grated. It would be typically expected in a normal bureaucratic setting that such directives would be specific and precise about what is to be done and what positions are affected, and that the directives would be applied to all relevant positions and be equally commanding to all. Although this process of delegation by directives is expected to be normal practice, any analysis of the organizational aspects of integration programmes must ask whether in fact appropriate directives and instructions have been provided by the appropriate higher-level bodies.

There are often important constraints to the provision of clear and appropriate authority in integrated programmes. The two most common constraints observed in the ESCAP region appear to lie in vertical and horizontal authority structures. In federated systems, states or provinces have various types of legal autonomy. A federal-level programme that attempts to promote integration may find itself unable to issue clear authority directives to the lowest-level operating units because they are under the direct authority of a lower body. At best, it may simply take time to work out the necessary directive through successive layers of authority; at worst, clear lines of authority are never really provided. Central government units may be continually obstructed by lower levels from providing the clear lines of authority necessary to achieve effective integration. Here we note that upper-level political commitment is especially crucial in breaking through legal boundaries to produce effective linkage.[14]

In addition, we often find parallel lines of administrative and technical authority running through some ESCAP countries' administrative systems. In some cases, local family planning units are under the direction of two authority systems. A new programme for integration may give a new co-ordinating role or body authority over specialized agents for technical direction but not for administrative direction. That is, the co-ordinating body may have the authority to direct the daily work schedules of special agents, but will not control such things as leave, salaries and promotions. These dual lines of authority can weaken an effort at integration, especially if there is generally weak higher-level commitment to the integrated programme. In this case, administrative and technical lines of command may be pulled in very different directions by their own directing bodies. When upper-level leadership is firmly committed to the new integrated programme, the dual lines of command will tend to be less troublesome.

Evidence from a recent ESCAP study of family planning administration in the Republic of Korea seems to indicate that when dual lines of command produce at least the potential for conflicting authority structures, the quality of local-level clinic leadership is a critical determinant of effective co-operation and work scheduling.[15] Thus, where an integrated project is faced with a problematic command structure over which it can have little direct control, much attention should be given to the selection of high-quality leadership, and assistance should be given to local leaders in working out co-operative arrangements that reduce local friction.

RESOURCE

Organizational arrangements that provide appropriate structures and clear authority will be empty shells for action unless they are provided with the resources required to achieve their goals. The basic problem is to provide an appropriate flow of resources, which implies that resources must be available in sufficient quantity, and they must be available to those units or levels that can most effectively direct their allocation to the tasks that need to be accomplished. It is sometimes easier to solve the problem of quantity than the problem of allocation, for the latter usually implies that some form of decentralization is required. We can identify family planning programmes in the region in which the absolute quantity of resources appears adequate, but where large bottle-necks also appear. Thus, transportation or financial resources may be available, but are backlogged at higher or administrative levels because lower levels are not provided with the authority to receive and reallocate large categories of supplies. Such bottle-necks typi-

14/ *Ibid.*

15/ Kwang-Woong Kim, "A comparative study on the administration of family planning programmes in the ESCAP region for the national study of the Republic of Korea: organizational determinants of performance in family planning services", mimeo., ESCAP, June 1974. For a summary of the major findings of this study and their implications, see "ESCAP study on family planning administration in the Republic of Korea: interpretative summary", mimeo., 1975.

cally indicate the need for greater decentralization in resource allocation.

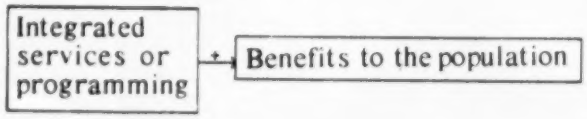
Decentralization of resource allocation also derives advantage from the general observation that costs of wholesale operations tend to be lower than costs of retail operations. If funds are provided wholesale to local committees (as, for example, in Malaysia, Thailand and the Republic of Korea), upper-level bodies are freed from the costs of examining in detail requests for a large number of very small expenditures. This examination requires time and personnel. I increases the costs and the time required for the distribution of resources to the actual point at which they will be used. The time delays can often be crippling, especially in undermining the local participation that many programmes wish to promote. If a group of farmers or a mothers' club must prepare requests for small irrigation works or for small quantities of information materials or contraceptive supplies, and if they must wait six months to receive a reply from above, they are not likely to generate much collective activity or self-help. If they are given grants of free resources, they are most likely to put a great deal of time and energy into deciding how to use those resources and to oversee the actual utilization.

III. EVALUATION

SUMMARY OF DIMENSIONS OF VARIANCE

Thus far, a large number of dimensions of variance in the elements involved in the linking together of specialized activities have been identified. From a consideration of the rationale for integration, two types of variance were noted. Variations in the conditions of the target populations - the extent to which various behavioural patterns are integrated with one another in the daily lives of the population - determine what packages of services are required to change those behaviour patterns. Variations in the conditions of the service provision - in the number and distance of tasks that are to be linked, and the extent and quality of the linkage - determine the costs of creating those packages. From a consideration of organizational strategies used in the ESCAP region to effect new integrated development programmes, three types of variance were noted. Different organizational structures, under different patterns of authority allocation, and with different amount and allocation patterns of resources can be clearly observed in attempts to link specialized activities to extend the scope of government development programming.

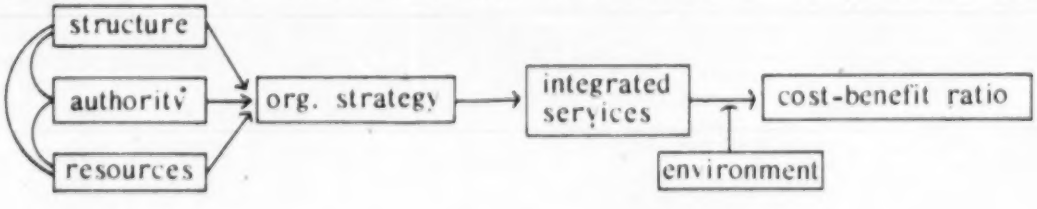
The observation of many dimensions of variance in the elements of integration raises the questions of the relationship between those dimensions and between the combined dimensions and programme performance. These questions are at the core of the process of evaluation of integration in development programmes. The simplest model that can be derived from the rationale for integration in development programmes can be represented by a simple two-variable scheme, hypothesizing that integration produces benefits.



The benefits can be identified as reduced fertility, increased productivity, improved family health or improved quality of life, depending on the specific aims of the integrated programme.

AN EVALUATION MODEL FOR INTEGRATION

The discussion above produces a more extended model, which can be represented as shown in the diagram below. This model hypothesizes that organizational structure, authority and resources produce an organizational strategy, which produces integrated services, which in turn produce an effect on the cost-benefit ratio that is determined by conditions in the environment. The elements of the model can be specified in summary fa-



shion from the above theoretical and organizational discussions.

Organizational structure is classified in five nominal categories, of which any one may be used or all five used together. Each one can be defined in terms of variance associated with a more powerful organizational strategy. For example, the multipurpose village worker is more effective if he has experience with the population and can identify important behavioural clusters. An additional working hypothesis from the five-part classification is that the use of all five structural types together produces a more effective organizational strategy than does any one alone.

Authority patterns may be broadly classified into voluntary and directed, distinguished simply by the absence or presence of authority in the integrating role. The existence of authority is itself a variable, since the issue is whether or not official directives granting authority provide the proper type and amount of authority to all relevant positions.

Resources include physical, financial and human resources, and vary along two dimensions: quantity and decentralization of allocation. Centralized resource allocation implies that resources are given in very specific amounts and packages for very specific activities at the lowest level. Decentralization of allocation implies that larger packages of more generalized resources are given to the lowest levels for determination of actual patterns of use. The working hypotheses are that the amount and the decentralization, or discretion over the use, of resources are positively related to a more effective organizational strategy.

The organizational strategy is a composite of all three prior elements. An effective strategy implies that structural, authority and resource elements will be combined in the appropriate fashion. For example, the technical work group can be an effective structure for linking specialized services; it will be most effective as a strategy if it is combined with an authority allocation that gives the integrator direct authority over the various technical operatives being brought together, and if the work group has sufficient resources and a high level of discretion on the allocation of those resources. The hypothesis is that the more an organizational strategy contains these conditions, the more integration it will produce.

Integration itself is perhaps one of the most neglected variables in the conception of integrated programmes. In an earlier working paper,16/ we reviewed the meanings of integration, as a process of linking specialized activities, and provided information on a number of instruments that are used to assess the interactive processes involved in this linking. We have indicated above that integration varies in a number of ways. There is variance in the number of tasks that are being brought together. The distance between tasks can be assessed by noting the knowledge specialized operatives have of other tasks, and the degree of value consensus among the task operatives. Linkages also vary in the extent of the interaction prescribed, which can be assessed by noting the frequency of communication, of joint actions and of resource exchanges among various specialized operatives. Finally, integration varies in the specific aim of the interactions. The aim can be conceived as a continuum that moves from the higher levels of planning and decision-making on project goals, requests for resources and decisions on resource allocation down to the actual delivery of field services. These dimensions of variance in linkage processes have been measured systematically in many other organization studies, but they have typically been neglected in evaluations of integrated programmes.

The impact of integration on the cost-benefit ratio is hypothesized to be determined by conditions in the environment. The most important part of this environment appears to be the degree to which target behaviour patterns are linked together or are insulated from one another by highly differentiated systems of action. If we broadly conceive of rural populations as those showing a relatively high level of integrated behaviour patterns, and urban populations as those showing more differentiated patterns, a relatively simple working hypothesis emerges. High levels of integration are hypothesized to produce low cost-benefit ratios among urban populations and high ratios in rural populations. A variant of this hypothesis can be constructed around different mixes of services.

16/ ESCAP Population and Social Affairs Division, "The evaluation of integration in family planning programmes", Working Paper (first revision), July 1975.

For example, it can be hypothesized that, in poor and illiterate rural populations with high rates of infant mortality, linking family planning with maternal and child health services will produce a high cost-benefit ratio. In a highly literate, low-mortality population, this pattern of linkage will produce a low cost-benefit ratio. The linking of family planning with educational programming may be hypothesized to show the opposite set of relationships.

No.24** *Role of Surveys and Studies for Family Planning Programme Management and Development – Report of a Regional Seminar* (E/CN.11/1225): 1976

No.25** *Report and Selected Papers of the Expert Group Meeting on Training in Family Planning Programme Administration* (E/CN.11/1226): 1976

No.26** *Report and Papers of the Expert Group Meeting on Social and Psychological Aspects of Fertility Behaviour* (E/CN.11/1231): 1974

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D. The Second Asian Population Conference, Tokyo, 1972

** Official report (refer APSS NO.28)
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1.** *Report of the Expert Working Group on Problems of Internal Migration and Urbanization, and Selected Papers* (SA/Dem/EGIM/L.22): 1967

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